The Health of Middlesex

1955

The Annual Report of
the County Medical Officer of Health

ADMINISTRATIVE COUNTY OF MIDDLESEX

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THE LITTLE THAT MEANS SO MUCH TO SO MANY.

An Old Age Pensioner Receiving Treatment at a Middlesex County Council Foot Clinic.

PREFACE

To the Chairman, Aldermen and Members of the County Council of Middlesex

SIR, LADIES AND GENTLEMEN,

I have the honour to present my report on the health of Middlesex for the year 1955. Although poliomyelitis showed a somewhat heavy incidence, particularly in the Borough of Willesden, the general record was satisfactory and there was steady progress in almost all branches of the work of the Health Department, even though there were no spectacular advances to report.

It is a disappointing year in which no new low record of illness is created and 1955 presented more than one such record. For the first time the maternal mortality rate fell below a half of 1 per thousand after ranging between 0·5 per thousand and 0·8 per thousand for a number of years. The death rate for children under 1 year of age rose slightly to 19·4 per 1,000 live births as compared with 18·8 in 1954, but this was still the second lowest figure on record and compares favourably with the rate of 24·9 for the country as a whole.

The total of deaths at all ages was 22,110 giving a crude death rate of 9·8 per 1,000 against 9·4 in 1954. When adjusted, by taking into account the age and sex distribution of the population, to make it comparable with the rate for England and Wales as a whole, it became 10·3 compared with 11·7.

The distribution of deaths over the various age groups presented some interesting features. The increasing number of elderly individuals in the population was indicated by a rise in the percentage of deaths occurring over the age of 75 from 40 per cent. to 41 per cent. and there was a corresponding reduction in the deaths during the age periods 25–64, covering the main years of working life.

In my last two reports I have drawn particular attention to the alarming increase in the number of cases of cancer of the lung. While the figure for 1955 by no means gives grounds for complacency, it is at least less disquieting, and one must hope that it is in fact the forerunner of a reversal in the trend of past years. Although deaths from cancer of the lung rose from 1,007 to 1,023 in 1955 this was a rise of only 1·6 per cent., compared with a rise of no less than 13 per cent. the previous year.

There was also an overall increase in the number of deaths from cancer in other sites, the percentage increase being 1·4 which compares with the figure for cancer of the lung. The continuing rise in the survival rate to later ages, naturally carries with it the expectation of some increase in the incidence of cancer since this is almost entirely a disease of the later decades of life.

The group of diseases responsible for the greatest number of deaths, again chiefly in the second half of life, was that comprising diseases of the heart and circulatory system, which together were responsible for 49 per cent. of all deaths during 1955. Within this group coronary disease showed a particularly marked rise from 3,352 to 3,507 cases, an increase of 4·6 per cent. There is good reason for believing coronary disease to be very largely preventable, faulty dietary habits, particularly the over-consumption of fats, being an important factor. There is scope for health education to play an important part in diminishing its incidence.

The satisfactory downward trend in the incidence of pulmonary tuberculosis continued. The numbers of primary notifications (1,706) and deaths (244) both fell, creating new low records. No less than 189 of the deaths occurred in persons over the age of 45. As has been explained in previous reports, a falling tuberculosis death rate tends to bring about an increase in the number of cases under observation on chest clinic registers, and in 1955 there was a further increase of 2·0 per cent. in this figure, so that somewhat paradoxically chest clinic staffs have been busier than ever.

One satisfactory feature of the lessened incidence of new cases of pulmonary tuberculosis, is that at last the provision of beds in chest hospitals and sanatoria has become adequate to the demand and there is no longer a waiting list for the admission of new cases.

I regret that I am unable to report any improvement in the position as regards the rehousing of tuberculous families.

Among the other notifiable diseases, an outbreak of poliomyelitis which presented some very unusual features, calls for comment. Numerically it was the largest outbreak yet reported in Middlesex, but happily was accompanied by a very low fatality ratio, 3·9 per cent., which is far below that usually experienced.

Numerically the outbreak afflicted Willesden with particular severity, 119 cases being notified in this borough during the third quarter of the year. Yet only 17 of these cases presented paralytic symptoms, which is in striking contrast to the usual experience, which is that about two thirds of the cases are paralytic, as was the case elsewhere in Middlesex during 1955. Since non-paralytic cases are invariably quite mild, very few deaths from poliomyelitis occurred in Willesden and this largely contributed to the low over-all fatality ratio.

The reasons for the departure from the ordinary pattern shown in the Willesden poliomyelitis outbreak are still quite obscure and the problem is the more puzzling in that neighbouring boroughs experienced an incidence of poliomyelitis which revealed no exceptional features.

Such an experience as this gives one reason to consider seriously whether there is not scope in a Health Department for a special research team adequately equipped for the epidemiological investigation of the fascinating new health problems which constantly arise.

From an epidemic of exceptional magnitude I turn to the other end of the scale in reporting the virtual disappearance of diphtheria from Middlesex. Only two cases were reported, both of them in individuals who as far as can be ascertained had never been vaccinated and neither fatal. The problem now presented by diphtheria is that of convincing parents of the continued need for the immunisation of their young children against an almost unknown disease.

It is not so very long ago that what are known as the personal health services were provided almost exclusively for the benefit of expectant and nursing mothers and children. A study of that section of this report dealing with the personal health services, *i.e.*, those provided under sections 22–29 of the National Health Service Act, 1946, will reveal how an ever growing demand is being made upon these services by quite a different group of the community,

namely, the aged. In view of what has been already said regarding the changing age structure of the community it is quite certain that this demand will continue to grow.

In this connection I would like to draw particular attention to the reports of three separate area medical officers which appear in the appendix of this report. While dealing with quite different aspects of the personal health services, two common factors are stressed by each of them, namely, the growing calls made upon them by old people and the relief from much more expensive institutional care and treatment which the personal health services are able to provide.

In Area 1 Dr. Regan stresses the fact that old people can remain active and usefully employed very much longer if regular attention is given to their feet. He also demonstrates very clearly how much later foot trouble can be prevented by attention to minor deformities and advice and supervision of the proper care of the feet in early life.

Dr. Hogben has found in Area 3 that although there were fewer new cases, the total number of cases requiring home help has risen materially during 1955. This is because of the increasing proportion of aged and infirm among those assisted, who require help to be continued over a long period, often till they die or have to be admitted for institutional care. At the end of the year there were approximately 170 cases in Area 3 who had been receiving help for more than three years.

Precisely similar was the experience of Dr. Booth in Area 7 in respect of home nursing. Of the 754 cases remaining on the books in Ealing at the close of 1955, 67·2 per cent. were 65 years of age or over. Dr. Booth makes an interesting calculation of the relative costs of domiciliary and hospital treatment. He estimates that the average cost of providing the services of a home nurse *and* a home help amounts to approximately £4 per week, whereas treatment in hospital, which otherwise would be necessary, probably for a lengthy period, would cost from £16 to £19 per week.

There is no doubt that the time is rapidly approaching, if indeed it has not already arrived, when it will be necessary to give serious consideration to a drastic re-orientation of the work of the staff engaged in the personal health services. Since no one will wish to suggest that the services to mothers and children should be in any way cut down, this must entail considerable expansion in the present provision.

Such an expansion, however, presents serious difficulties. It is not only a question of means but of material. Though the position as regards home nurses is not at present acute, both health visitors and home helps are in extremely short supply. For reasons which are not very apparent health visiting seems to be less attractive than other branches of a nursing career. The salaries paid are reasonably comparable throughout the profession and health visitors enjoy some advantages not shared by all nurses, *e.g.*, fixed hours and free week-ends. It may be the poor prospect of promotion to higher paid posts which is to blame. Whatever the reasons, the findings of the Working Party enquiry into Health Visiting will be studied with interest. Any steps which can be taken to attract more women to a health visitor's career will be well worth while.

An explanation for the shortage of home helps is much easier to find. The local health authority is in competition with the private employer on the one hand and industry on the other. This state of affairs is bound to continue as long as the status of the home help remains no higher than that of a " daily woman ". It should never be forgotten that the work of a home help differs from that of the ordinary daily woman in that there is invariably a health reason for her attendance, generally sickness or serious chronic disability. Attendance on such cases calls for something more than the experience which a woman gains through carrying out the ordinary duties of a housewife. A home help needs certain special skills in addition to this. One may instance some acquaintance with simple invalid cookery and sufficient knowledge of nursing and first aid to cope with emergencies which may arise, until professional aid arrives.

There are good grounds for giving at least a proportion of home helps some training in the special aspects of their job and taking their particular qualifications into account in fixing their remuneration.

There is another aspect of the work of the local health authority which time and experience are tending more and more to highlight. It has been stated that nearly half the hospital beds in the country have been provided for the reception of cases of mental illness. This is a staggering figure and there is every reason to believe that it would be materially reduced by an expansion in the provision of community care for the mentally afflicted.

In the first place preventive medicine in relation to mental illness is practically untrodden ground. In the sphere of physical illness preventive medicine has secured resounding triumphs. Witness the reduction in infantile and maternal mortality and the successful attacks on diphtheria, smallpox and tuberculosis. In a sense mental illness is also an infectious disease. Just as uncontrolled panic can spread through a crowd, so can a mishandled psychotic become the cause of psycho-neuroses throughout his family. Is it unreasonable to believe that such spread could be controlled, if not entirely abolished, by the wise and expert application of the same principles of preventive medicine which have proved so effective in the physical field?

From such work as has already been carried out in the sphere of preventive mental medicine, it is emerging ever more clearly that the seeds of later mental illness are sown in earliest childhood and fostered by faulty parent-child relationships. The local health authority clearly has here a dual responsibility.

Even in cases of established mental illness the local authority's mental health services could play a larger part than at present, and enable a much greater number of patients to be released from mental hospitals to community care, wherein psychiatric social workers, therapeutic social clubs and other agencies would have a vital part to play.

The County Council's mental health services are described in considerable detail in the body of this report and I would recommend a careful study of this section to all its readers.

The year 1955 has been an inspiring one in the glimpses of new horizons in Public Health which it has revealed and this has helped to fan the flame of enthusiasm throughout the County Health Department. I owe a great debt to all members of its staff for their continued keenness and hard work which

has ensured the efficient functioning of a very complex machine. I am particularly indebted to my deputy Dr. Wigley, my senior administrative assistant, Mr. Mihill, and my devoted personal assistant, Miss Bell, each of whom has directly relieved me of a great deal of personal responsibility.

I am no less indebted to the Chairman and members of the Health Committee upon whose understanding and support I have come so confidently to rely.

I have the honour to be,

Your obedient servant,

A. C. T. PERKINS,

County Medical Officer of Health.

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SUMMARY OF VITAL STATISTICS RELATING TO THE ADMINISTRATIVE COUNTY OF MIDDLESEX

Area (including inland water)			148,688 acres.
Population 1955			2,252,000
Number of structurally separate dwellings occupied (1951 census)			595,075
Number of private households (1951 census)			703,525
Rateable value (all hereditaments)			£23,566,598
Product of a penny rate, financial year			£95,798
Live births—	Males.	Females.	Total.
Legitimate	14,407	13,461	27,868
Illegitimate	694	637	1,331
Birth-rate per 1,000 home population (crude)			13·0 (England & Wales 15·0)
do. do. (adjusted)			12·6
Stillbirths			563
Stillbirth rate per 1,000 total births			18·9
Deaths			22,110
Death-rate per 1,000 home population (crude)			9·8 (England & Wales 11·7)
do. do. (adjusted)			10·3
Number of women dying from diseases and accidents of pregnancy and childbirth (includes deaths from abortions)			14
Maternal mortality rate per 1,000 total births			0·47 (England & Wales 0·64)
Infantile mortality rate per 1,000 live births:—			
Legitimate			19·2
Illegitimate			22·5
Total			19·4 (England & Wales 24·9)
Deaths from cancer (all ages)			4,495

ADMINISTRATIVE COUNTY OF MIDDLESEX

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1955

VITAL STATISTICS

AREA AND POPULATION

The County of Middlesex covers approximately 232 square miles. It is comprised of 26 local authorities none of which is a County Borough although 20 of them are listed by the Registrar General in his tables as " Great Towns ".

Much of the county is a suburban and industrial conurbation for the most part greatly built upon in the last half century so that Mr. Betjeman laments:—

" Where a few surviving hedges
Keep alive our lost Elysium—rural Middlesex again ".

There is however an outer fringe which is still comparatively rural.

The population has slowly declined in recent years—there was a fall of 4,000 from the corresponding figure for 1954—and the Registrar General's estimate for the Middlesex population (at June, 1955) was 2,252,000. A further decline of about 250,000 is to be desired, on both health and amenity grounds.

Table 1 in the Appendix shows the populations of the constituent authorities and indicates the changes that have taken place over the past 35 years. Those districts which show some recent increase in population lie on or close to the western boundary of the County, where there has been much development in connection with the expansion of London Airport.

BIRTHS

The birth rate for the year was 13 per 1,000 population. If this figure is adjusted to take into account small differences in the age and sex structure of the local population as compared with that of England and Wales as a whole the rate becomes 12·6 compared with the national figure of 15. In the previous two years the Middlesex rate was 13·3 and 13·1.

In 1947 the county rate was 19·6 (England and Wales 21·1); by 1950 it had dropped rapidly to 13·9 and thereafter the decline has been very much slower. The total live births during the year were 29,199 or 406 fewer than in the previous year.

Table 5 on page 69 sets out the birth rates over the past 10 years as contrasted with London and England and Wales.

Birth rates by administrative areas and by local authorities are shown in Tables 3 and 4 (column 12) respectively on pages 65–68. The rates in the western part of the county are generally higher than elsewhere, doubtless because there are many young couples from outside as well as within the county setting up home in these expanding districts.

DEATHS

There were 22,110 deaths during the year giving a death rate of 9·8 (9·4 in 1954) per thousand population. When this rate is adjusted to make it

comparable, so far as the age and sex structure is concerned with the rate for England and Wales as a whole (11·7) it becomes 10·3. The county death rate is consistently somewhat below the national figure. The rise as compared with 1954 is largely in deaths certified as due to bronchitis, pneumonia and influenza.

Roughly a quarter of the deaths were in persons between 45 and 64 a further quarter between 65 and 74 and 41 per cent. in persons over 75 years.

Diseases of the heart and circulatory system caused 49 per cent. of all deaths.

It must cause concern that 30 per cent. of all deaths were in people of working age. Cancer of the lung, coronary disease, road and other accidents, suicide and bronchitis figure largely in these deaths which can ill be afforded on economic grounds. All these causes of death are in some degree preventable.

Deaths from cancer accounted for 20 per cent. of all deaths. Cancer of the lung again showed an increase to 1,023 deaths of which 545 were in persons between 45 and 64 years of age. There is a marked association between this disease and heavy cigarette smoking. That there are other predisposing factors including probably atmospheric pollution should not be allowed to minimise the importance of this association. Parents, teachers, youth leaders and others with influence should discourage young people from smoking before the habit is formed.

INFANTILE MORTALITY

The infantile mortality rate which refers to deaths in children under 1 year of age rose slightly to 19·4 (18·8 in 1954) as compared with a rate of 24·9 (25 in 1954) for the country as a whole.

The number of infant deaths was 566 as compared with 557 in 1954. There were 23 more deaths in infants ascribed to acute respiratory diseases than in 1954, and these may well be related to less favourable climatic conditions as compared with 1954. The number of deaths ascribed to congenital malformations rose from 90 in 1954 to 114 in 1955.

It will be seen that this small rise was due to matters largely unconnected with the quality of the maternity and child care services.

As is shown on the diagram opposite the majority of the infant deaths take place during the first four weeks (neo-natal deaths) and closely related to them causally are the stillbirths. The stillbirth rate rose very slightly to 18·9 (18·3 in 1954).

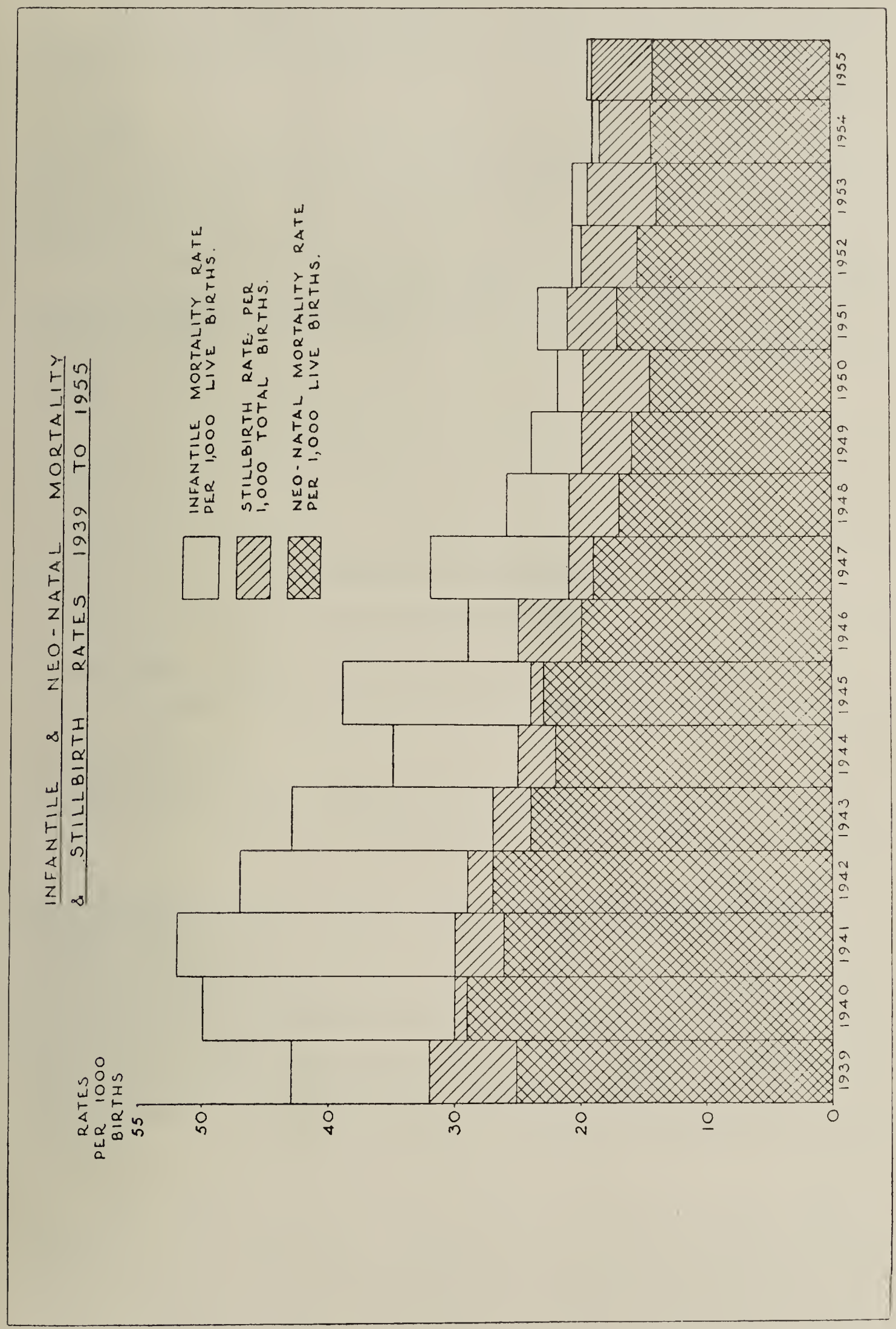
MATERNAL MORTALITY

There were 14 maternal deaths (including deaths due to abortion) giving a rate of 0·47 (0·53 in 1954) per 1,000 births; the corresponding national rate is 0·64.

SICKNESS INCIDENCE

Indices of morbidity, except those relating to certain notifiable infectious diseases, are scarce compared with the copious and well established statistics of mortality. This difficulty has almost certainly led to the neglect of certain problems which might yield to a preventive approach.

It is a pleasure therefore to acknowledge my indebtedness to the Chief Medical Officer of the Ministry of Pensions and National Insurance who informs


INFANTILE & NEO-NATAL MORTALITY
& STILLBIRTH RATES 1939 TO 1955
INFANTILE MORTALITY RATE PER 1,000 LIVE BIRTHS.
STILLBIRTH RATE PER 1,000 TOTAL BIRTHS.
NEO-NATAL MORTALITY RATE PER 1,000 LIVE BIRTHS.
RATES PER 1000 BIRTHS
55
50
40
30
20
10
0
1939
1940
1941
1942
1943
1944
1945
1946
1947
1948
1949
1950
1951
1952
1953
1954
1955

me of the number of persons to whom medical certificates are issued in connection with sickness benefit claims. These figures are helpful in giving an early indication of impending epidemics of influenza and similar outbreaks. The total number of first applications for sickness benefit during 1955 was 360,000 as against 309,000 the previous year; 138,000 of these occurred in the first quarter.

The incidence of sickness in the first quarter of the year was higher than average. There has been a distinct pattern of alternating high and low figures for the January–March quarter over the past five years. The high figure years are very probably to be associated with influenza epidemics. Work on anti-influenza vaccines continues to progress and it is to be hoped that a satisfactory vaccine will become generally available before long.

Table 9 on page 71 permits quarterly comparisons of sickness incidence over the past five years.

INFECTIOUS DISEASES

(including prophylaxis)

The corrected number of notifications of infectious disease during the year are set out in Table 10 on page 72 by local sanitary authorities.

SCARLET FEVER

The number of cases notified during the year (1,570) was the lowest recorded for many years. The disease continues to be relatively mild in character and responds readily to treatment.

WHOOPING COUGH

There is a considerable variation in the annual incidence of whooping cough and during the year only 2,367 cases were notified compared with 2,484 in 1954 and 6,915 in 1953. The wide use of immunisation against whooping cough which is now made in the country has altered for the protected the severity of the attack but has apparently had little effect upon the incidence of the disease. The problem of control is made more difficult in one respect because immunised children may experience the disease in so mild a form that they pass undetected and spread the disease to susceptible children. Only one death was ascribed to whooping cough.

MEASLES

The number of cases of measles notified during the year was 33,980 compared with 2,431 in 1954. The difference—so striking—between the years is an exaggeration of the typical epidemic pattern of a disease which few avoid at some time or other in the early years of life. Yet out of this huge total of reported cases which probably only represents a fraction of the true number only 5 deaths are ascribed to this cause. It seems doubtful whether notification serves a purpose commensurate with the effort and cost.

POLIOMYELITIS

The year saw what was numerically the greatest epidemic of poliomyelitis yet reported in the County. There were 585 cases notified in all. The outbreak started in the middle of July and was at first concentrated in the Willesden area and to a lesser extent in the surrounding boroughs of Acton and Wembley. It is noteworthy that last year when the number of cases was very low—66 cases—Willesden and Wembley had a higher incidence than the rest of the county. During the third quarter of the year 342 cases had been notified (in contrast with 6 and 12 in the first and second quarters), 119 of these in Willesden.

In a normal year only about one third of the notified cases are non-paralytic, yet of Willesden's 119 cases only 17 were paralytic. This is a very striking observation particularly as of the 223 cases notified during that quarter in the rest of Middlesex 92 were paralytic. Very broadly speaking the nearer a case was to Willesden the more likely it was to be non-paralytic.

Another striking feature was the geographical distribution of cases within the county districts. Willesden showed a marked clumping of cases along certain streets in the western part of the borough in July shifting to the east in August. The surrounding boroughs showed some tendency to the same kind of pattern but further away the cases were usually scattered, in a way much more commonly found in poliomyelitis than the Willesden street pattern.

In the fourth quarter 225 cases were reported of which only 13 originated in Willesden. At the same time the proportion of paralytic cases rose to 61 per cent.

The graphs on page 14 show the weekly incidence of notifications divided into paralytic and non-paralytic cases for the county as a whole and for Willesden separately.

Table 11 on page 73 sets out the incidence quarterly and by age groups; 69 per cent. of cases were under the age of 15 years. The fatality ratio was 3·9 per cent. which is much less than that usually experienced.

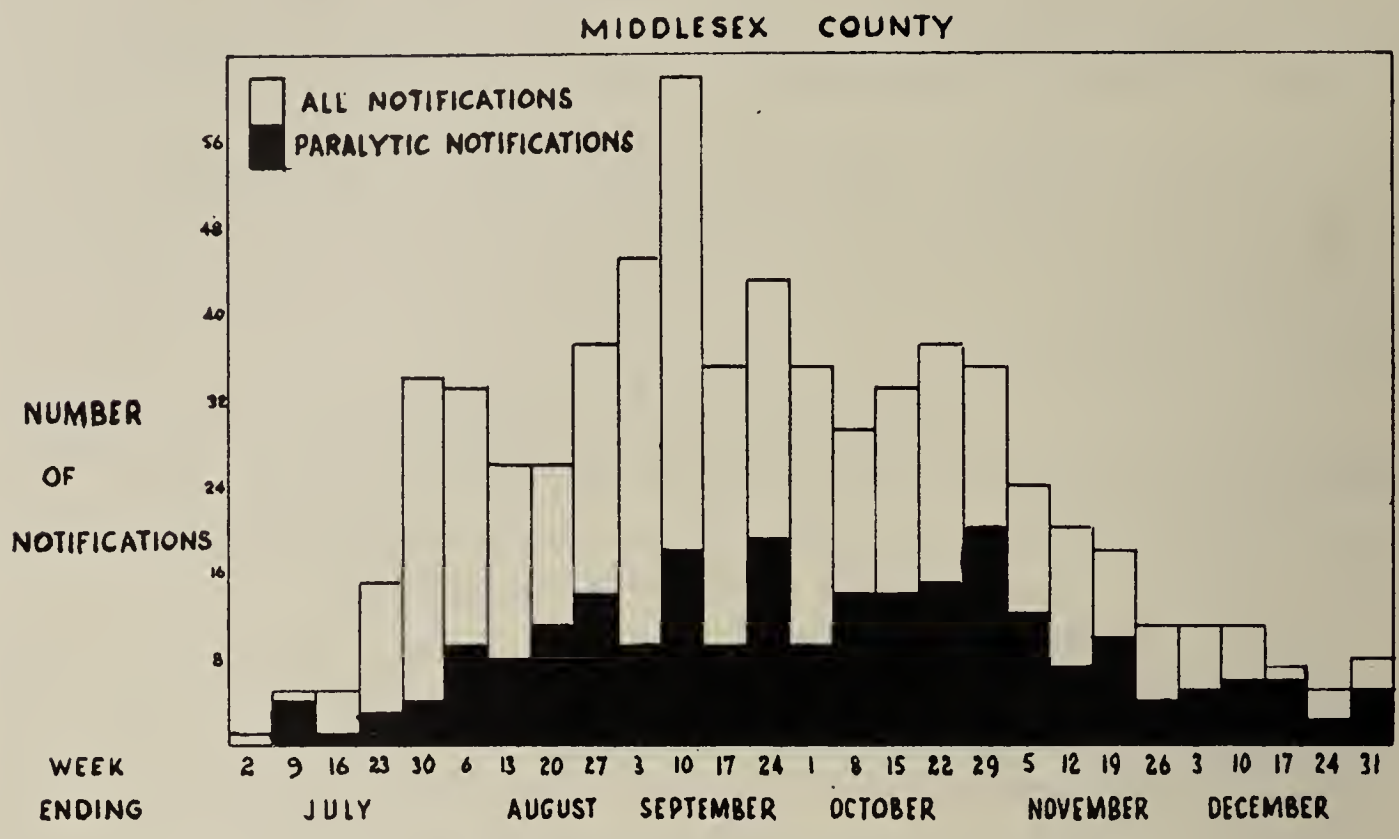
The fatality ratio was lower in children under fifteen since only half (12) the deaths occurred in this group which covered more than two thirds of the cases.

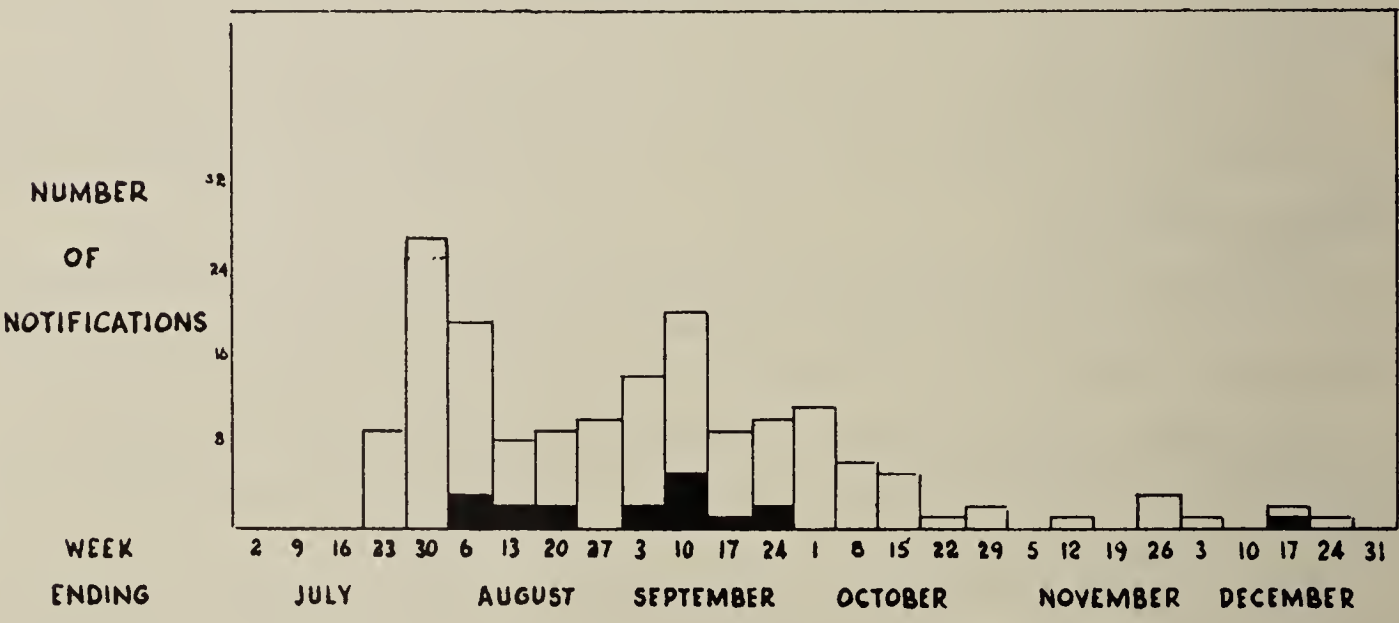
The outbreak centred, then, in Willesden where its form throughout remained mild with a close topographical grouping of cases. As it spread outwards—or appeared to do so—the disease became more severe (higher percentage of paralysis) and more scattered geographically. The mild non-paralytic cases admitted to hospital mostly showed cerebro-spinal fluid changes including an increase in lymphocytosis. Complement fixation tests carried out in a few cases were positive to type 3 virus.

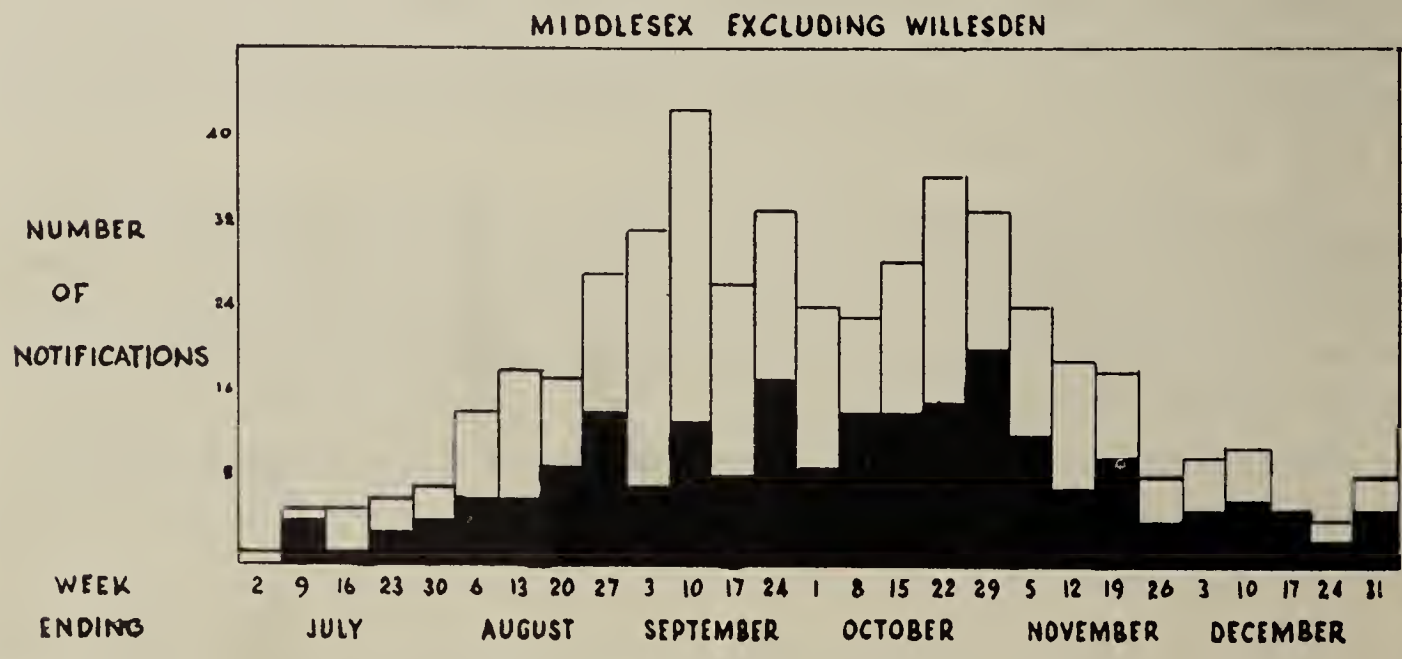
The measures for control are, of course, a matter for the local sanitary authorities. Throughout the period the County health department assisted by giving them a general picture of the development of the epidemic. In some areas it was necessary to discontinue diphtheria and whooping cough immunisation for several weeks.

Various measures were also taken by district school medical officers as circumstances demanded.

ORIGINAL NOTIFICATIONS OF POLIOMYELITIS 1955







DIPHTHERIA

There were confirmed only 2 notifications of diphtheria during the year as compared with 8 in 1954. This is the lowest (equal with 1952) number of cases recorded in a year. Both cases recovered, one case was in a male over the age of 25 years who had never been immunised, the other was in a girl between 5 and 9 years of age; for whom also no record of immunisation could be traced.

The dramatic near-disappearance of this disease since the large-scale and continuous immunisation campaign was launched in 1940 brings its own problems because young parents have never known the fear of it that was so real to the generation before them and so are sometimes less ready to accept immunisation. Yet it is upon a high level of immunity resulting from immunisation in infancy reinforced by booster doses at intervals throughout school life that the present conditions depend. The health visiting, home nursing and medical staff aided by general practitioners are unremitting in their efforts to impress this truth on the parents of young children.

Primarily as a result of the very high prevalence of poliomyelitis in the second half of the year it was only possible to immunise (primary and " booster ") 44,298 children under 15 years as against 54,203 in the previous year, when the level of poliomyelitis was remarkably low.

It is estimated from records that 57 per cent. of children under 5 years of age and 84 per cent. of all Middlesex children under 15 years have been immunised. This does not include children immunised but for whom no record has been received and local surveys indicate that the true percentages are significantly higher.

Tables 12–15 inclusive in the appendix to this report relate to diphtheria and immunisation.

DYSENTERY

During the year 896 cases of dysentery were notified. This represented a substantial fall below the previous year (1,575).

Since dysentery first became notifiable in 1919 there has been a tremendous change in both the character and the incidence of the disease. This has been largely brought about by the success of the Sonne strain in spreading through the community producing symptoms usually of a mild, if unpleasant character but causing a number of deaths at the two extremes of life.

For the past few years Middlesex has had a particularly high rate of dysentery, but within the county there have been great variations, Ealing, Edmonton, Heston & Isleworth and Willesden each having over 100 cases in 1955 while 10 local authorities each had less than 10 cases.

Control is difficult in the light of our present knowledge and accurate and detailed reports of individual outbreaks in schools, day nurseries and children's homes and of the measures taken for their control can contribute significantly to our knowledge of the disease.

ENTERIC FEVER

Enteric fever is now happily a relatively uncommon disease in this country, but during 1955 there was a sharp little outbreak of typhoid fever in Acton, where a total of eight cases were notified. Prompt action on the part of the Medical Officer of Health of Acton, Dr. Payne, traced the original source of

infection to a woman, who had suffered from enteric fever many years previously but was found to be excreting typhoid bacilli in her stools. This woman had prepared the food for a party which was also attended by a number of people living outside Acton, mainly in West London, among whom also a number of cases of enteric fever occurred.

Owing to the somewhat wide distribution of the cases, the control of the epidemic presented considerable problems, but as far as can be ascertained, the measures of surveillance which were undertaken, effectively prevented its spread.

FOOD POISONING

The 489 cases of food poisoning notified during the year (380 in 1954) confirms the trend of the past few years and is the highest number since the numbers of notifications were recorded. The actual number of cases is probably much greater for, as in dysentery, notification is far from complete.

It is disappointing to record the apparent growth of cases of food poisoning in spite of the sustained efforts of many of the county districts in organising or sponsoring clean food campaigns.

PUERPERAL FEVER

After the new regulations redefining puerperal pyrexia came into force in 1951 there was a steady increase in notifications and in 1953, 918 cases were reported. During 1955, 757 cases were notified, 6 less than in the previous year.

The majority of cases were from Hendon (109), Willesden (147), Edmonton (164) and Uxbridge (99), a fact attributable almost wholly to the siting of the large hospitals within the county.

OPHTHALMIA NEONATORUM

The number of notifications was 175 as compared with 89 in 1954. No less than 91 of these cases were reported from Edmonton.

TUBERCULOSIS

Statistical tables relating to tuberculosis, together with a summary of the work at chest clinics, are shown on pages 76 to 79.

The Council's arrangements for the prevention of tuberculosis and for the care and after-care of those suffering from the disease, were continued during the year without any change. This service is administered directly from the central office of the County Health Department. The local staff are attached to and work from the chest clinics in the County, and the chest physician is responsible for day to day control and general supervision of their work.

Approved establishment:—

Tuberculosis visitors	44
Welfare officers and assistants	17
Occupational therapists	3
Handicraft instructors	2
Clerical staff	16

The Council's rehabilitation and sheltered workshop meets the need of re-establishing disabled infectious tuberculous men in productive employment. This workshop is situated in the Tottenham area, and therefore, is unfortunately convenient only to patients attending Edmonton, Tottenham and Finchley Chest Clinics. Mr. Osment, the supervisor instructor, continued in charge of this workshop. The volume of the work carried out increased and the high standard of workmanship was maintained. Many visitors from overseas were referred by the World Health Organisation or the National Association for the Prevention of Tuberculosis to visit this pioneer workshop for the tuberculous. They were all impressed with the Middlesex scheme.

In addition to rehabilitation and sheltered employment provided at the Council's workshop, patients to the numbers shown were maintained by the County Council at the following tuberculosis settlements:—

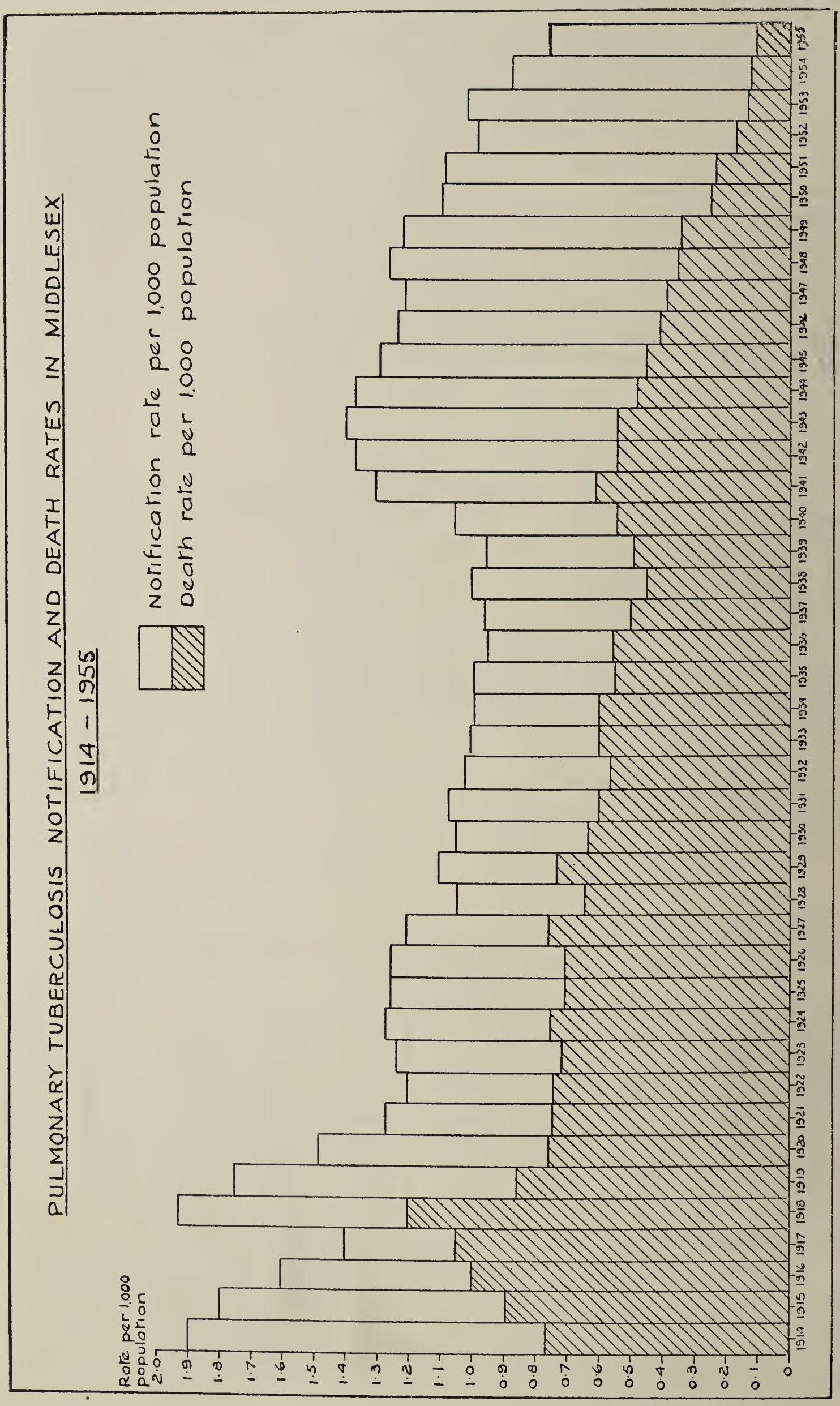
Enham–Alamein	6
Papworth	12
Preston Hall	10

A number of chronic infectious patients who although substantially handicapped are no longer in need of hospital treatment are accommodated in the Council's hostel for homeless tuberculous men. The hostel meets a need for patients in this category and ensures that degree of care and attention necessary for these patients.

Notifications.—The number of primary notifications of persons suffering from pulmonary tuberculosis during the year was 1,706. This again is an appreciable reduction of 219 cases from the previous year. The disease still falls most heavily on young adults and in this age group (15–44 years) the incidence is about the same in both sexes. There is, however, again a trend towards a slightly higher incidence in the percentage of notifications in the older age-groups as shown in the following table.

Year.	Notifications of persons age 15–44.				Notifications of persons age 45–65.			
	Males.	Females.	Total.	Percentage of all notifications.	Males.	Females.	Total.	Percentage of all notifications.
1948	987	1,001	1,988	70	319	111	420	15
1949	985	900	1,885	69	370	106	476	17
1950	822	860	1,682	68	361	129	490	20
1951	830	760	1,590	66	376	100	476	20
1952	712	745	1,457	66	355	110	465	21
1953	700	764	1,464	65	390	109	499	22
1954	614	605	1,219	64	321	108	429	22
1955	550	530	1,080	63	305	92	397	23

Primary notifications in males over 45 years form quite a considerable percentage of the total notifications. It is in this age-group many persons are found with fairly marked disease often having symptoms only of associated chronic bronchitis. It has proved difficult to get a high percentage of this group of the population to submit to regular mass X-ray of the chest. It is


PULMONARY TUBERCULOSIS NOTIFICATION AND DEATH RATES IN MIDDLESEX
1914 - 1955
Notification rate per 1,000 population
Death rate per 1,000 population
Rate per 1,000 population
2·0
1·9
1·8
1·7
1·6
1·5
1·4
1·3
1·2
1·1
1·0
0·9
0·8
0·7
0·6
0·5
0·4
0·3
0·2
0·1
0
1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955

here that the general practitioner might well do much to close the gap, by referring to the chest clinic, all patients over 50 years of age with symptoms of recurrent or chronic bronchitis. In this way many more of the unknown infective patients will be brought under supervision.

Deaths.—The number of deaths from tuberculosis during the year was 266 of which 244 were on account of pulmonary tuberculosis. This is a further reduction from previous years and gives a death rate of 0·11 per thousand of the population. Only 55 deaths from pulmonary tuberculosis occurred in patients under the age of 45. The following table shows the trend of mortality and morbidity for pulmonary tuberculosis since 1948:—

Year.	Primary notifications.				Deaths.			
	Males.	Females.	Total.	Rate per 1,000 population.	Males.	Females.	Total.	Rate per 1,000 population.
1948	1,527	1,301	2,828	1·25	493	297	790	0·35
1949	1,588	1,158	2,746	1·21	486	279	765	0·34
1950	1,378	1,099	2,477	1·08	370	197	567	0·25
1951	1,416	1,000	2,416	1·07	331	197	528	0·23
1952	1,251	957	2,208	0·97	252	134	386	0·17
1953	1,284	980	2,264	1·00	222	105	327	0·14
1954	1,109	816	1,925	0·85	209	83	292	0·13
1955	1,000	706	1,706	0·76	178	66	244	0·11

The number of posthumous notifications of pulmonary tuberculosis was 11 and deaths from pulmonary tuberculosis not notified amounted to 25.

At the end of the year there were 21,367 cases on the clinic registers. The annual rate of increase is shown in the following table:—

Year.	No. of cases on chest clinic registers.	Increase over previous year.	
		No.	Percentage.
1949	16,485	1,132	7·4
1950	17,331	846	5·1
1951	18,241	910	5·3
1952	19,349	1,108	6·1
1953	20,402	1,053	5·4
1954	20,940	538	2·6
1955	21,367	427	2·0

The number of persons examined at chest clinics for the first time during the year was 53,624, a very considerable increase of 8,592 from the previous year. This indicates the extent of the service now provided by chest clinics. The increase is mainly due to considerable improvement in X-ray diagnostic facilities and as a result, general practitioners readily refer patients for this investigation. It is very significant too that the number of new cases diagnosed to be suffering from pulmonary tuberculosis fell by 10 per cent. in spite of the considerable increase in the number referred for examination.

On the whole the position concerning tuberculosis is favourable. Many more people are referred for examination; many more contacts of known cases are brought to the clinic for investigation; and yet for the second year running the number of new cases shows an appreciable fall. Moreover the decline in the death rate from this disease continues.

Home Visiting.—The number of visits to patients' homes by tuberculosis visitors during the year, was 50,587. However, almost one out of every six visits paid by the health visitors are recorded as " unsuccessful "—either because the patient or members of the family were not available at the time of the visit. The actual number of " effective " visits, therefore, totalled 42,625. Both these figures approximate to those for previous years.

The number of new contacts who attended for examination during the year increased considerably to 10,849. This is a most satisfactory state of affairs, and amounts to an average of more than five contacts examined for every new case notified; only 150 new cases were found among these contacts. The following table shows the relationship between the incidence among persons examined for the first time, compared with the incidence among new contacts.

Year.	Total persons (including new contacts) examined for the first time.			New contacts examined.		
	Number.	Number found tuberculous.	Percentage found tuberculous.	Number.	Number found tuberculous.	Percentage found tuberculous.
1949 ..	27,584	2,651	9·6	8,399	266	3·2
1950 ..	34,159	2,355	6·9	8,894	213	2·4
1951 ..	40,622	2,276	5·6	9,915	291	2·9
1952 ..	38,695	2,390	6·2	9,597	207	2·2
1953 ..	43,747	2,504	5·7	11,194	231	2·1
1954 ..	45,032	1,981	4·4	9,773	154	1·6
1955 ..	53,624	1,777	3·3	10,849	150	1·4

Welfare.—A summary of the cases dealt with by the welfare officers is shown on Table 17. There has been very little change in the numbers dealt with by the welfare officers. In any case statistical data does not give any real measure of the volume of social work done, or of its value to patients and their families. Social work in connection with tuberculosis is now very similar to that in relation to social work in connection with any other type of illness. Welfare officers in all areas report very good co-operation with voluntary and statutory bodies (*i.e.*, National Assistance Board, Ministry of Labour, etc.) and also with other departments of the County Council, in the course of their day to day work in dealing with the many and sometimes varied problems with which they have to deal.

Rehabilitation of tuberculous patients is now considerably easier than in the past and facilities for re-training are on the whole very satisfactory. As a result, many patients recovering from pulmonary tuberculosis now have a better chance of entering skilled employment instead of returning to unskilled, heavy types of work, often unsuited to their condition, and capacity.

Chest clinic welfare officers report that re-housing of tuberculous patients and their families still falls very far short of the need. The following extract from the report of the welfare officer to Ashford Chest Clinic summarises the position generally:—

> " Housing continues to be a problem, particularly for young married couples without any family. In most areas the housing programme is now completed and the number of new houses becoming available is very small. In one borough, patients are waiting on the priority list for over a year. Of the twenty-two recommended for rehousing, several are couples with young babies living in rooms, but they are all recent applicants to the Councils' lists and stand little chance of rehousing. Seven patients have been rehoused during the year, and one a family of two young children, who were living with the grandmother, herself a patient with a positive sputum."

Occupation Therapy.—This service was continued as in previous years with a staff of three occupational therapists and two handicraft instructors. A number of clinics arranged an exhibition and sale of work towards the end of the year. In this way, patients were able to sell many of their goods made during the year. In a few cases the occupational therapist has been able to find out-work from a factory, which has been suitable for a number of selected patients. This has had an excellent effect upon the morale of the chronic patient who is permanently unfit for any type of regular productive employment.

Vaccination.—During the year 2,041 contacts of known cases were vaccinated against tuberulosis with B.C.G. vaccine. Vaccination of school leavers was undertaken in Area 6 (Willesden) and in Area 3 (Tottenham and Hornsey) and the number vaccinated was as follows:—

Area 3	752
Area 6	1,279

The report of the Medical Research Council's controlled trials being undertaken with B.C.G. was still awaited at the end of the year, but at that time it was anticipated that an interim report on the result of these trials, which have been in operation since 1952, would be published early in 1956. The extension of the existing facilities for the vaccination of school leavers is being deferred until this report has been published.

Epidemiological investigations are carried out in consultation with the chest physician when any teacher or pupil is notified to be suffering from pulmonary tuberculosis. During the year 8 such investigations were conducted following notifications of tuberculosis in a school teacher, but in no case was it established that a teacher was a source of fresh infection, to any of the other staff or pupils.

VENEREAL DISEASE

During 1955 the number of Middlesex patients attending for the first time clinics in London or Middlesex was 549 more than in 1954, and 310 less than in 1953.

Although the number of cases of syphilis and gonorrhea show a sharp rise on 1954, the number of cases still remained lower than in 1953.

It is difficult to evaluate the true significance of the figures. There was a steep fall in 1954 following an equally steep rise in 1953. It would be dangerous to assume that in any given year the number of cases treated at clinics bears any sort of fixed relation to the total number of cases occurring in the County.

The great shortening and simplification of treatment following the introduction of antibiotics undoubtedly induced a considerable number of general practitioners themselves to undertake the treatment of cases which previously they would have referred to a venereal diseases clinic. Nevertheless, even though treatment may be easier, the handling of a venereal case may well involve sociological complications unforeseen by and unwelcome to a busy general practitioner and it is possible that we are now witnessing a consequential swing of the pendulum.

In the absence of compulsory notification, no safe estimate can be made of the real incidence of venereal disease.

The County almoners continue to attend the venereal disease clinics which are held at hospitals within the County to follow-up those patients who fail to complete treatment, or patients attending other hospitals referred to them for follow-up.

VACCINATION AGAINST SMALLPOX

The number of persons reported as having been vaccinated or re-vaccinated during the year was 23,403, a slight increase on the number recorded for 1954. There has however been a slight drop in the number of infants vaccinated which is disappointing.

Table 12 on page 73 sets out the numbers of vaccinations and re-vaccinations in age-groups and by areas.

HEALTH CONTROL OF AIRPORTS

The work of the Health Control Unit at London Airport continues to operate in a similar manner to previous years.

All passengers arriving from endemic areas are cleared by Health Control, their vaccination certificates checked and yellow warning cards issued. When necessary, medical officers of health of the districts to which passengers are going are notified so that they may, if they think necessary, keep them under surveillance.

As result of the closing of Northolt Airport to civil air traffic on the 31st October, 1954, there was a considerable increase both in the number of planes and passengers arriving at London Airport compared with previous years. At the beginning of the year all this increased traffic was handled in the temporary airport buildings on the northern boundary, but with the opening of the new central terminal buildings in April the traffic was divided between the central and northern buildings; thus in effect two distinct airports were operating just over a mile apart. The difficulty of staffing the two sets of buildings and the increased traffic necessitated some increase in staff.

The number of aliens examined by the airport medical officers increased by 731 (2,349 in 1955 and 1,708 in 1954).

The number of planes requiring disinsectisation certificates increased by 261 (2,653 in 1955 and 2,392 in 1954).

In view of an outbreak of smallpox in Brittany in January and in Belgium in February, arrangements were made for all passengers arriving from the infected areas to be cleared through Health Control, although this is not normally done for passengers from these areas as they are included in the " excepted area " for health control purposes.

One case of typhoid fever, one of salmonella dysentery and two of poliomyelitis were reported during the year among passengers and crews.

In addition to their health control functions the County Council's airport staff also carry out duties on behalf of the Ministry of Transport and Civil Aviation. In this connection medical examinations for air crew licences are carried out and during the year a total of 1,442 such examinations took place, an increase of 58 over the previous year. At the request of the Ministry 169 airport personnel were examined and 2,291 such staff treated. In addition 1,005 sick passengers were treated by the Council's staff.

The increasing number of passengers arriving as stretcher cases and requiring ambulance transport has created very great difficulties. A total of 1,313 cases were dealt with compared with 929 (834 at London Airport and 95 at Northolt Airport) in 1954; of these 699 were dealt with by the County Council's Ambulance Service. In view of advice received that the County Council's legal responsibility for such cases under the National Health Service Act was limited and the strain placed on the ambulance service by the delays to ambulances owing to late arrival of planes, etc., it became necessary to take this matter up with the Ministry, but at the end of the year it was still under consideration.

The number of mental cases dealt with on arrival during the year was 105 compared with 51 in 1954. The majority of these were returning British subjects who were dealt with by the mental welfare officers in consultation with the airport medical officers.

As in the past, Hillingdon and West Middlesex Hospitals continued to give the maximum co-operation in helping sick passengers arriving at the airport, including seriously ill cases in transit requiring overnight or longer hospital accommodation and attention.

BLIND PERSONS

During the year 596 reports on Form B.D.8 were received in respect of new cases for consideration of their admission to the register of blind or partially sighted persons. In addition 197 reports on old cases or persons transferred from other areas were reviewed.

The classification and follow-up of persons on the register of blind or partially sighted persons during 1955 is given on Table 42 on page 100.

Home teachers for the blind visit all registered persons and follow-up on the treatment and advice recommended by ophthalmic surgeons. There is very good co-operation between the officers of the County Council and hospital authorities on the follow-up of patients.

NATIONAL HEALTH SERVICE ACTS

Section 22

CARE OF MOTHERS AND YOUNG CHILDREN

The continuing fall in the birth rate is directly reflected in the falling number of attendances at both the ante-natal and child welfare sessions over the whole County, with few exceptions. There have been a few changes in the clinics provided, 5 additional ante-natal clinics, and one child welfare, but these have been made to suit movements in population—the development of new housing estates, &c.

Training in relaxation and the preparation for childbirth has expanded as its value is increasingly realised. These classes must necessarily be small, and in most areas it is found necessary to accept only those women expecting their first child.

The Day Nursery Panel continued to keep a careful watch on the attendances at the day nurseries following the closures in the early months of 1954. The numbers remained low, and further closures were contemplated by the end of the year, though only one (Spikes Bridge, Southall) actually closed during the year. Other provision for the daily care of the pre-school child, as shown by the registrations under the Nurseries and Child Minders Regulation Act 1948 showed very little change. In fact, there was provision for 22 fewer children to be cared for by child minders or in privately-run nurseries than in 1954.

Red Gables, the new mother and baby home opened at the end of 1954, completed its first full year, and experience is showing that 15 babies are too many for the accommodation available. A number of ante-natal patients have therefore been placed there to make an economic use of the beds. This additional home of course made further demands on the two almoners and it became necessary before the end of the year to appoint two part-time almoners to undertake certain duties. In December, the British Red Cross Society gave notice of their intention to close the two hostels, Maryland and 16, The Park. This means the loss of 28 beds—14 ante- and 14 post-natal. The demand does not lessen, and unless other accommodation becomes available, the Council will be faced with a problem of no small size in June, 1956.

DENTAL CARE

The following report upon the operation of the priority dental service during the year has been prepared by the Chief Dental Officer, Mr. J. V. Bingay, *M.B.E.*, L.D.S.R.C.S.:—

> " The returns from the Areas on the working of the priority dental service for the year 1955 have shown a decline on the previous year. The factors governing this fall appear to be:—
>
> (*a*) The drop in attendances in the ante-natal clinics.
>
> (*b*) The increase in the number of nursing and expectant mothers receiving treatment through the general dental service.
>
> Nevertheless, there is reason to believe that many expectant mothers in the County Council area still face childbirth with unhealthy mouth conditions, which can only increase the natural hazards of that physiological function. It is, therefore, the undoubted duty of those officers who are responsible for the wellbeing of these patients to ensure that every mother,

be she expectant or nursing, is referred to the dentist for examination and treatment. There is no need to add that every child under the age of five years should receive equal care in order to preserve the deciduous dentition, the early loss of which can have such far-reaching effects in later life.

Staffing Position.—Although the manpower available in terms of whole-time dental officers as shown in the staff returns of December 31st, 1955, varies little from that of the same date in 1954, considerable fluctuations have occurred during the course of the year, particularly in respect of part-time staff. It is not unusual for periods of three months or more to elapse between the resignation and replacement of dental officers, and the constant changes in dental officer personnel have an unsettling effect on the patients, which in a service which is so essentially personal, cannot fail to cause a drop in attendances for treatment.

Another factor which militates against the service is the growing number of newly qualified young graduates who of necessity are appointed to the service to replace whole-time dental officers, and who owing to their inexperience are incapable of an output of work comparable with that of an officer with good local authority background and training.

Whole-time Dental Officers—Age Groups.—At the end of 1955 a total of 60 whole-time dental officers were employed in the County dental service, of whom 32 were males and 28 females.

The average age of the male officers is 42 years and that of the female group, 41 years.

The breakdown of age groups is as follows:—

60 years and over	5 officers.
55–59 years	8 ,,
50–54 ,, ...	6 ,,
45–49 ,, ...	9 ,,
40–44 ,, ...	5 ,,
35–39 ,, ...	4 ,,
30–34 ,, ...	8 ,,
25–29 ,, ...	6 ,,
24 years and under	9 ,,

It will be apparent from these figures that a large percentage (55 per cent.) of dental officers are aged 40 years and over.

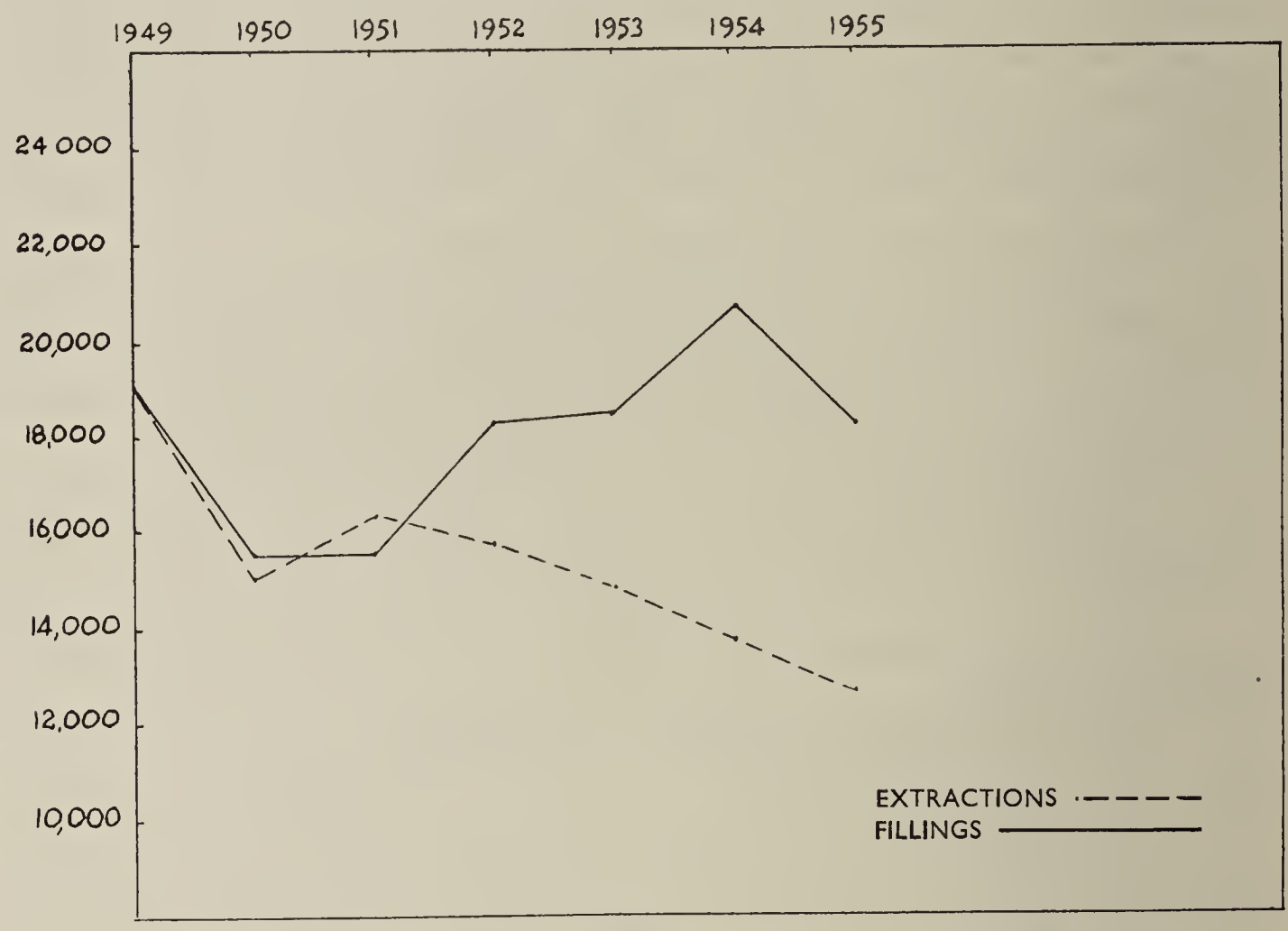
It is obvious that the service has failed to attract the young newly qualified officer in the capacity of whole-time service, and if the local authority dental service is to survive in its present form, it appears essential that the inducements it is able to offer should be at least equal to other dental services which are in direct competition in the recruitment market. This problem is not, of course, peculiar to this County; it is nation-wide.

Treatment of Mothers and Children.—It is pleasing to be able to report once more that the conservation of teeth has again greatly exceeded extractions, the comparative figures being as follows:—

Nursing and expectant mothers ..	Fillings 7,613
	Extractions 5,663
Children under five years	Fillings 10,684
	Extractions 6,832

In addition, in the case of the small children 7,079 teeth were treated with silver nitrate.

It will no doubt be conceded that the most efficient dental service is that which lays emphasis on conservation, and it may therefore be of interest to study the graph which appears below, which shows clearly the advances which have been made since the year 1949. Particular note should be taken of the extraction line (broken line) which shows a steady drop, with a consequent rise in the filling line (unbroken line).



Conclusion.—The priority dental service is working efficiently, and emphasis has been placed on conservation of the natural teeth, but every endeavour must be made to educate those mothers who fail to have treatment through one of the free services available, of the vital necessity for such treatment. This can best be achieved by the health visitors, and medical officers.

Further statistical information is set out on page 84."

AUDIOLOGY UNITS

The scheme approved by the County Council towards the end of 1954 for the establishment of audiology units for infants with the aim of helping deaf children towards learning speech at the optimum time for doing so, was approved by the Minister of Health in February (Appendix, page 101), and a limited scheme was started later in the year in Tottenham.

TREATMENT AND EDUCATION OF CHILDREN SUFFERING FROM CEREBRAL PALSY

The County Council in February, 1955, approved the provision of cerebral palsy units throughout the County and submitted an amendment of its proposals under Section 22 of the National Health Service Act, 1946, in order that such units could provide treatment not only for children attending school, but also for those under 5. The Minister of Health approved the amendment in May, 1955.

For the best results, the medical and educational treatment must be linked together; the diagnosis must be made as soon as possible because it is vital in this condition that treatment should be given as early as possible, and it is also most important that the unit should be in very close touch with the parents of the children and particularly with the parents of children under school age. For these reasons it was decided that the units should be set up within the curtilage of day special schools for physically handicapped children. This results in full integration of the medical and educational treatment; it allows the child to live a home life; it permits the parent to keep closely in touch with both the medical and teaching staff and it acts as a centre of reference to stimulate the accurate early diagnosis of cerebral palsy. Children under two years of age will attend the units with their parents and the treatment will be directed to teaching the parent how the child should be handled and what it should be encouraged and discouraged in doing. From the age of two, the child may be admitted to a special nursery class, but it is not intended that this should be done unless there are special circumstances.

When the child begins its school life, it will still be necessary for the parents to keep in close touch with the unit because every movement the child makes is of importance in learning to control adequately the skeletal muscles in spite of the damaged nervous system. It is therefore important that this control should be exercised at home and in the classroom, as well as during any medical therapeutic session. Indeed, the consultant's function in these units will take him as much into the classroom as into the medical consulting room, and that will also be true of the whole-time therapists whom it is intended to employ in each of the centres. It is thought that three centres will be sufficient to cover the County.

For the immediate future two units are planned, one at the Vale Road Tottenham Special School for physically handicapped children, which is already operating so far as school children are concerned and is to be extended to provide for children not yet attending school. The other unit is to be sited in a new physically handicapped school in Heston, which it is anticipated will be opened early in the new year.

The units are to be staffed by medical specialists, physiotherapists or occupational therapists and speech therapists. The services of a consultant are made available by the appropriate Regional Hospital Board. The North East Metropolitan Regional Hospital Board has appointed a consultant (Dr. W. F. Dunham) with special experience in cerebral palsy to give advice to mothers of these children and to supervise their treatment. For the unit at Heston the North West Metropolitan Regional Hospital Board has agreed to provide the services of a team of consultants, one of whom will act as team leader. Therapists (physio- or occupational) are to be provided at these schools to give treatment under the direction of the visiting consultants. Speech therapists are also available to give treatment when the children are old enough to benefit by this. Transport arrangements will be made to convey children to the units. The provision of any treatment and education of cases falling within the Education Act is free, and similarly no charge will be made for the services provided under the National Health Service Act, 1946.

When these units have been in operation sufficiently long to give information on the numbers of children to be dealt with, consideration will be given to the

need to set up further units throughout the County. By means of these diagnostic, advisory and treatment centres, it is hoped to provide all the necessary help for children suffering from cerebral palsy in order to reduce the disabilities produced by this condition to a minimum.

Section 23

MIDWIFERY

There was a further fall of 256 in the number of domiciliary confinements attended by County Council midwives in 1955. The total number of registered births was less by 406, the adjusted live birth rate for the County being down to 12·6. It was to be expected therefore, knowing the Council's approved policy regarding the midwifery service that there would be a fall in the number of midwives employed. Six midwives who left the service were not replaced. The number of approved district midwife teachers remained the same—45, but the number of pupil midwives was the highest so far received—153.

It is now approved for midwives to administer trilene (trichloroethylene) as an analgesic, provided they have had training in its administration and use the approved apparatus. All the midwives and the supervisors attended the Post-graduate Hospital, Hammersmith, where Dr. Hilda Roberts and the staff of the obstetric unit there very kindly undertook their training. One apparatus was approved for each area in the first place, and only one of the ten areas did not take advantage of the approval. It was difficult to gauge in advance the extent of the demand, and it is early yet to report on the scheme, but it appears at the time of writing this report that no major difficulties or disadvantages have been met, and that the demand has not been unduly large.

Section 24

HEALTH VISITING

There was little difference in the number of health visitors employed in 1955 and 1954, but the number of visits made shows a small decrease in all age groups, as do the numbers of attendances at the clinics. This is partly, but not wholly, accounted for by the decrease in the number of births both domiciliary and in hospital, and by a small increase (28 per month) in the number of child welfare sessions provided.

A further reason lies in the fact that most of the home visiting is now selective rather than routine. This policy has had to be adopted because of shortage of staff. It involves not only more travelling between visits, but longer time spent in each home because there is greater need of help.

The training scheme at Chiswick Polytechnic has continued. The last course comprised 16 students, of whom only one failed to qualify. The scheme for the training of additional students sponsored by areas, with a contract of two years' service following qualification, received approval to begin in September. 22 students are enrolled in this course of whom 16 are sponsored.

The report of the Working Party on the recruitment, training and function of the health visitor (appointed by the Minister of Health) is still awaited at the time of writing this report. In the meantime, a further working party has been set up by the Minister of Health and the Secretary of State for Scotland.

The terms of reference are " To examine the proper field of work and the recruitment and training of social workers at all levels in the local authorities' health and welfare services under the National Health Service and National Assistance Acts, and in particular whether there is a place for a general purpose social worker with an in-service training as a basic grade ".

This may well have a bearing on the work of the health visitor, though it is remarkable that the personnel of the Working Party does not include any representative of health visitors. The last date for evidence to be submitted is October, 1956.

A satisfactory method for the rehabilitation of certain families has not yet been found although various schemes have been suggested and investigated. Approval in principle has been given for Area 3 to use two health visitors for this purpose. Details have not yet been worked out, and it is still a matter of opinion what is the most suitable use of the health visitor. Her first function is to detect the earliest signs of deterioration and to prevent its spread. This is made more difficult if less routine visiting is possible because inevitably the health visitor must lose her close contact with many of her families.

Section 25

HOME NURSING

Nineteen fifty-five has been the first complete year in which all the home nurses have been in the direct employ of the County Council. It has also been the first complete year of the training scheme at the Willesden Training Home. Nineteen student home nurses have obtained the certificate of the Queen's Institute of District Nursing and have entered their year's contract of service with the County Council. A steady stream—small though it be—of full-time trained recruits to the service must improve the quality of the home nursing service.

A detailed report provided by Dr. Booth on the service in Area 7 is included as an appendix to this report. From his figures, it appears that a slow change is affecting the character of the work, in that fewer injections are now given. There is no reason to think that the work in Area 7 differs fundamentally from that in other areas. One of the most important functions of the home nursing service—and not only from the financial aspect—is to nurse at home the patient who otherwise would require a hospital bed, whether he be young or old. Less than 15 per cent. of the cases in Area 7 were referred for home nursing by the hospitals. There may well be many reasons for this, but the Local Health Authority should satisfy itself that insufficient domiciliary care (home nurse and home help together) is not one of them. Little children and the aged are alike in that home is their only world, and it becomes doubly precious during illness. Already 64 per cent. of the home nurse's visits are to patients aged 65 and over. The next stage should be an improved liaison with hospitals and general practitioners so that more young children are nursed at home.

The report of the Working Party on home nursing (with particular reference to training and recruitment) was published during the year. It consists of two sections, the main report and a minority report signed by the representatives of the Queen's Institute. No doubt this has presented something of a problem to the policy makers as no official guidance on the matter has so far been received by local authorities.

Section 26

VACCINATION AND IMMUNISATION

Description of the services provided by the County Council under this section of the Act will be found under the heading " Infectious Diseases " (including prophylaxis) on pages 12-22.

Section 27

AMBULANCE SERVICE

Although the concurrence of the Health Committee must be obtained in any decisions relating to the peace-time ambulance service policy, development, &c., the day-to-day management of the service is carried out by the Chief Officer of the Fire and Ambulance Service under the direction of the Fire Brigade Committee.

The following statement on the operation of the peace-time ambulance service for the year ended 31st December, 1955, has been prepared by Mr. A. Wooder, C.B.E., L.I.Fire.E., Chief Officer of the Fire and Ambulance Service.

" *Demands on the Ambulance Service.*—The number of patients carried during the year has, for the second year in succession, shewn a decrease. 33,477 fewer patients were carried in 1955 than in 1954.

The directly provided Service carried 15,364 more patients than in the previous year, whilst the Supplementary Services carried 48,841 less. Thus the directly provided Service has once again considerably reduced the number of cases passed to the Supplementary Services, and in particular has virtually eliminated the need to use hired vehicles.

The total mileage run during the year showed a decrease of 430,135 miles compared with the previous year, and in spite of the increase in the number of patients carried by the directly provided Service, the total mileage of all the vehicles of that Service showed a decrease of 35,397 miles. A similar satisfactory position was revealed in relation to the working during 1954 and in commenting on it in my report for that year I said that it was evident that one of the main objects of the Ambulance Service Development Plan was being fulfilled. I am pleased to be able to report that this trend is still being maintained.

Details of the number of patients carried are set out below, together with the corresponding details for the previous year:—

	Patients carried	
	1955	1954
January	65,107	72,267
February	62,752	68,317
March	72,553	78,632
April	63,704	68,439
May	69,613	70,899
June	69,795	67,506
July	66,919	68,369
August	63,490	63,583
September	65,504	68,225
October	67,967	73,075
November	68,952	69,976
December	63,829	64,374
	800,185	833,662

Further statistical tables are set out on page 97.

County Ambulance Control.—Whilst it is possible successfully to co-ordinate local journeys on a depot basis, similar co-ordination in respect of London traffic, which forms 25 per cent. of the cases handled by the Service, is much more difficult to achieve. In May, 1954, I decided to experiment with the co-ordination of cross-county and London journeys in anticipation of arranging later in the year for all London sitting cases to be notified direct to the County Ambulance Service instead of to the Hospital Car Service as had previously been the practice. For this purpose two Deputy Superintendents were out-posted to County Control with the main object of ensuring that vehicles running into London and across the county carried as many patients as could be properly handled and to ensure that the fullest use was made of vehicles returning from London to the depots.

The experiment was successful from the start and accordingly with effect from 1st October, 1954, all London hospitals and clinics were asked to send their demands direct to County Control. As a result, I was able to report to the Fire Brigade and Health Committees in June, 1955, that the hiring of cars which in 1953–4 had cost £10,049, had been practically eliminated and that the number of cases passed to the Hospital Car Service had been reduced by some 40 per cent., thus effecting substantial economies.

It was by then apparent that the co-ordination of journeys at a central control point was extremely advantageous, both operationally and economically and the Committees, therefore, gave me authority to extend the scope of the experiment and to set up a separate Ambulance Control at County Headquarters. This was brought into operation on 1st October, 1955, and that it has been a success can be seen from the comparative figures for the years 1954 and 1955, relating to the directly provided Service, which I gave in the opening paragraphs of this report.

Vehicle Replacement and Conversion Programme.—In my report for the year 1954, I referred to the contract which had been placed for the supply of 14 diesel powered Trojan sitting case vehicles, of which 7 had been delivered by the end of that year. The year 1955 was regarded as experimental so far as vehicles were concerned because of developments in diesel powered vehicles and a Dennis prototype diesel ambulance was placed on order in July, 1955, and was received in December, 1955. Additionally arrangements were made for the conversion of 30 of the existing Morris petrol driven ambulances to diesel working and by the end of the year the first of the converted vehicles had been received. The 7 Trojan sitting case vehicles remaining from the 1954 contract were received during the year and a contract for 7 further such vehicles was placed, delivery of which will be made in the early part of 1956.

Development Plan.—Only one new Depot, viz., No. 8 Hanwell, was opened during 1955, although at 31st December, the new premises at Ashford and Park Royal were nearly ready for occupation. The new Depot at Edmonton will be completed during 1956, by which time 7 of the 10 permanent depots will be in commission. I regret to report that the building of the remaining three Depots will be further delayed because of the restriction on capital expenditure.

Transport by Rail.—During the year 642 patients were carried by railway, under ambulance conditions. The railway authorities have continued to co-operate wholeheartedly with the Service in undertaking these removals.

Mutual Assistance.—Mutual assistance arrangements with the adjoining ambulance authorities continue to operate satisfactorily.

London Airport.—Patients requiring ambulance transport still frequently arrive at London Airport. Discussions with the Ministry of Transport and Civil Aviation which took place towards the end of the year established that it is not the responsibility of the County Ambulance Service to remove patients from the actual aircraft and arrangements are, therefore, being made whereby, except in cases of extreme urgency, all removals from the aircraft to the Airport Medical Control Unit will be carried out by airport ambulances. County ambulances will subsequently remove the patients, after their examination by the Port Medical Officer, from the Medical Control Unit.

Civil Defence Ambulance Service.—The transfer of ambulance vehicles, which have become redundant to the needs of the peace-time Service, to the Civil Defence Corps, continues, twelve such vehicles having been made available during the year. In addition the Minister of Health approved transfer values in respect of all the fifty-eight vehicles which had been supplied to the Civil Defence Committee for training purposes, by the Service.

Ambulance Service Efficiency Competition.—The annual efficiency competitions were held again in both the accident and sick removal branches of the Service. The Cleland Trophy and the Baines Trophy were awarded to the Enfield Accident Ambulance Station and the Enfield Sick Removal Depot respectively for their performance during 1955. The competitions will be continued in the forthcoming year.

Control of the Use of the Ambulance Service.—In my report for the year 1954, I referred to the issue of Circular No. 7/54 in which the Minister of Health expressed his intention of conducting a limited series of advisory surveys covering the organisation of ambulance services and the demands made on them by hospitals. At the invitation of the County Council, the Minister conducted such a survey of the Middlesex Ambulance Service and the views subsequently expressed by the Minister are at present under consideration by the Fire Brigade and Health Committees.

The consultations which were begun in 1953, between the Service and those hospitals whose calls for ambulances are greatest, have been completed during the year and it is considered that the continued downward trend in the number of calls received may be again attributed in some degree to the success of these consultations."

Section 28

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis and Venereal Diseases.—Descriptions of the services provided by the County Council for the benefit of patients suffering from these diseases will be found on pages 16 and 21 of this report.

Recuperative Holiday Homes.—Careful scrutiny was given to all applications received to ensure that cases accepted were genuinely in need of recuperative care and not merely of holiday accommodation.

During the year the County Council accepted financial liability for the maintenance of 1,991 persons in recuperative holiday homes of whom 1,624 were admitted to such homes; of the remainder, 350 applications were cancelled

or withdrawn while 17 were outstanding as at 31st December, 1955. Of the 1,624 cases admitted 1,371 were adults, 49 were children under school age, and 177 were mental defectives sent to St. Mary's Bay Holiday Camp. The remaining 27 cases were mental defectives for whom short term care was provided in cases of urgency, such as illness of a member of the family, the mother being in urgent need of a holiday, &c. In addition 17 cases referred in the previous year were admitted to recuperative homes. Children of school age were dealt with under Education Act powers.

Applications were received from the following sources:—

Source	*No. of cases*
Hospitals	804
General practitioners	672
Chest clinics	280
Other (Local Health Authority's medical staff, voluntary associations, &c.)	58
M.D. children admitted to holiday camp	177
	1,991

Chiropody.—In addition to the service provided under Section 22 of the National Health Service Act, 1946, the chiropody services provided in Edmonton and in Brentford and Chiswick which were established before the National Health Service Act, also operate under Section 28 of that Act. These facilities are provided mainly for the elderly for whom chiropody is an important service, which by helping to preserve mobility can do much to further their continued independence of more expensive forms of care to which they would otherwise be entitled.

Council grants made to voluntary organisations during the year were £10 to the Salvation Army Free Foot Clinic, Wembly, and £50 to the Harrow–Northwood division of the British Red Cross Society. Some other voluntary organisations receive grants from the Sunday Entertainments Fund towards the cost of the services they provide which may include chiropody treatment. Facilities are afforded in certain areas for chiropody sessions to be held by voluntary organisations on clinic premises free of charge.

There can be no doubt that the chiropody services which the Council has been permitted to provide directly under Section 28 of the National Health Service Act, 1946, are far from adequate, and it is earnestly hoped that the course of events will permit an expansion of this particular aspect of the Health Service in the reasonably near future.

A report by Dr. Regan, Joint Area Medical Officer (Edmonton), Area No. 1, on the Edmonton Foot Clinic will be found on page 102.

Loan of Nursing Equipment.—Following the approval of the Minister of Health of the County Council's amended proposal under Section 28 of the National Health Service Act, 1946, for a scheme for the loan of nursing equipment through the agency of voluntary organisations, arrangements were made for the Middlesex Branch of the British Red Cross Society to operate the scheme on behalf of the County Council from the 1st November, 1951. During the year 14,121 loans of articles of nursing equipment were made to patients. The cost of this service for the financial year 1954–55 was £1,383. In addition to this a number of these articles were delivered to the patients' homes and the cost of their transport was £419.

Health Education.—Health education is such a fundamental activity of any health department that it would be wrong not to make specific reference to the subject; at the same time this work pervading as it does all the activities of the department is not entirely appropriately dealt with under a separate heading. Nor is it easy to describe in a convincing way the department's activities in this field since the heart of the matter lies in that kind of health education that is passed by word of mouth from a respected and acknowledged person of authority direct to individual members of the public. This personal health education is of course backed up by film shows; discussion groups; articles in the press; display of posters; distribution of leaflets and in many other directions.

The Minister of Health in 1953 indicated to local health authorities that he had accepted the advice of the Standing Advisory Committee on Cancer and Radiotherapy, that local authorities should carry out exploratory schemes of cancer education. The County Council, while strongly of the opinion that the approach to the public should be one of general health education rather than linked specifically with cancer, considered the subject was of such importance that a long-term campaign should be held in one district of the County in order to enlarge the knowledge of what can be done in this field. The Borough of Willesden was selected for this work because there has long been standing machinery in that area for the close integration of all aspects of the health service and because the local hospital resources appeared to be adequate to deal with the cases referred, as a result of the scheme, without undue delay. Accordingly long discussions were conducted through the Health Services Liaison Committee (Central Middlesex Group) on which both hospital and general practitioner representatives sit, together with officers of the local health and local sanitary authorities. As a result the County Council determined to hold an experimental campaign in this area, subject through the Local Medical Committee, to the support of the general practitioners and through the Central Middlesex Group Hospital Management Committee of their support and of an assurance that no undue delay in seeing and treating specific cases of cancer would occur and finally to an assurance of the North West Metropolitan Regional Hospital Board that it would approve the introduction by the Hospital Management Committee of a local scheme of cancer registration, a measure that had to be taken in order to measure the effectiveness of the campaign.

During the year assurances from the various bodies concerned were obtained and it is hoped that during 1956 it will be possible to appoint a health education officer for this purpose and to co-ordinate the County Council's health education activities.

Problem Families.—Following consideration of the Ministry of Health's circular No. 27/54, asking local health authorities to consider what could be done to prevent the break up of families, and also regarding the health of children in "problem families", the County Council approved, pending consideration of a detailed scheme, an amendment of its proposals to enable arrangements to be made directly, or through private bodies or organisations, to assist in the prevention of the break up of families, or in their rehabilitation. The Minister of Health subsequently approved the modification. (*See* Appendix, page 101.)

At the end of the year active investigations were in progress with a view to giving early consideration to the best methods of operating the new service.

Section 29

HOME HELPS

Although the number of home helps employed was less at the end of 1955 than at the end of 1954 (by 18 full-time and 35 part-time persons) the number of cases receiving help during the year was increased by 619. As in the previous year, the chronic sick and aged infirm accounted for more than half the total number of cases. These are usually cases requiring help for lengthy periods although they may not need many hours each week. It is becoming increasingly obvious that the home help service is quite essential to the proper maintenance of the domiciliary services, and that it must develop along new lines and undertake new duties. The need for some form of training has always been apparent, but administrative and other difficulties have hitherto prevented the setting up of such a scheme. This year, however, approval was given for each area to run a short course of lectures and demonstrations to selected home helps, using the supervisory staff for the purpose. From small beginnings greater ventures grow. The opportunity has been firmly grasped, particularly in those areas where the helps themselves were seeking training, but more than this will be needed if the service is to undertake additional responsibilities—possibly in connection with problem families, night attendance and similar tasks. Recruitment of the right type of individual is not easy in spite of the fact that industry is making a smaller demand on female labour. There is still an old-fashioned stigma attached to domestic work and this is likely to remain until some means of raising the status of the worker is found. A pre-entry training scheme for selected candidates and new fields of duty would provide such means and would give a much needed boost to the service.

Section 51

MENTAL HEALTH

COMMUNITY PSYCHIATRY

There can be little doubt that the field of preventive medicine in mental health has not yet been sufficiently explored and that the expenditure of much energy and a modicum of money intelligently directed to that end would be very rewarding.

It may be that the increasing number of admissions to mental hospitals does not indicate any real increase in the number of mental breakdowns, but rather a healthier and more enlightened view of what may be achieved by modern methods and, therefore, a readier acceptance of hospital in-patient treatment. Nevertheless, when one considers that nearly half of the total number of hospital beds are in mental hospitals something of the vast size of the problem can be seen. Other indications of the proportions of the problem are given by the high percentage of all discharges from the armed forces which are on psychiatric grounds; the increasing rate of divorce, and the very high estimates which have been given of the proportion of cases seen by general practitioners in which the disease is psychic rather than somatic.

The provision of more hospital beds is very expensive and there are great difficulties in the recruitment of mental nurses; but even if a considerable expansion could be achieved it is difficult to see how even this would adequately deal with the problem.

There are certain types of mental diseases which are primarily endogenous in character, *i.e.*, the environment in which the patient lives seems to have played little or no part in the patient's breakdown in health; on the other hand there are those types of mental diseases in which there is a strong link between the breakdown and the patient's ability to adjust himself to his environment. Very stable people are able to adjust themselves to conditions which would cause a breakdown in others: unstable people are unable to make a satisfactory adjustment when the social conditions which surround them are unfavourable.

These social conditions and the emotional environment of a person are capable, within limits, of influence by the medical social worker, who has thus a large part to play in the future with the patient whose prime difficulty is a failure to adjust himself to the stresses of making satisfactory relationships with others.

There is dawning a new awareness of the possibilities of a community approach both to the prevention of breakdown and to active treatment. Prevention and treatment of disease are clearly enough defined in their simplest forms, at the extremes as it were, but there is a point at which they meet and merge. A patient who, with the help of a psychiatrist and psychiatric social worker is able to make a sufficiently good adjustment to his environment to enable him to continue at work and to live in his own home is being helped as much by preventive as by curative medicine.

There can be little doubt that the development of suitable community services both of a medical and social nature could result in many people, without in-patient treatment, being enabled to continue to lead a useful life in the community. The Marlborough Day Hospital (formerly the Social Psychotherapy Centre), Fellows Road, N.W.3, is a contribution to this new approach made by the North West Metropolitan Regional Hospital Board. On the County Council's side there are now five psychiatric social workers in the community field in addition to 24 mental welfare officers.

At the point where curative and preventive medicine meet, the County Council's psychiatric social workers work very closely with the mental hospitals in their divisions, which have been so chosen that their boundaries are co-terminous with the catchment areas of these hospitals. This has been done to foster and encourage the closest working between the two sides of the service.

A very interesting example of what can be done before a frank breakdown occurs, by psychiatric social workers alone is given by Mr. E. Heimler, Psychiatric Social Worker, Central Division, in a paper incorporated in this report (pages 41 to 46) in which he describes work carried out in association with the local office of the National Assistance Board.

In the field of purely preventive work there is also great need for expansion since it is now widely recognised that the ability of an individual to adapt himself to live harmoniously within his environment is shaped by his relationships with others, and particularly with his mother, early in life. Medical officers and health visitors working with mothers and young children have, of course, a unique part to play in this field. The training of both, however, has in the past been orientated to meet the physical rather than the emotional needs of mothers and young children. This matter has received a good deal of

consideration during the year, and arrangements have now been made for some medical officers and health visitors to have case discussions with children's psychiatrists. It is clear enough, in any event, that the number of children's psychiatrists and the other members of their teams are not sufficient, nor will they ever be, to tackle this problem directly. If the great interest and thought which they have put into this problem is to fructify it must be through the agency of those whose daily task lies with normal mothers and children. This important work is still in its earliest stages and different approaches are being made by individual area medical officers. The best technique has still to be worked out and this diversity of approach is, therefore, to be welcomed.

It will be seen, then, that the local health authority has the possibility before it of making a really important contribution in the field of mental health; shading on one hand from purely preventive work to the community treatment of disease on the other. This work can only be carried out if the hospital and local authority services work together as one team, and it is a pleasure to record that in Middlesex this team work is becoming closer with each year that passes.

COMMUNITY WORK UNDER THE NATIONAL HEALTH SERVICE ACT

(*a*) *Psychiatric Social Work.*—Last year the reports of two of the divisional psychiatric social workers were included in this section.

I need offer no apology for including this year reports from two more of these workers from other divisions for their work should be better known than it is. There is also included an interesting report from a third divisional psychiatric social worker which is of particular interest: more studies of this kind should be made.

The following report has been submitted by Miss A. Williams (East Division):—

" The East Division comprises the boroughs of Tottenham, Edmonton and Enfield with a population of some 330,000 people. Claybury Hospital, Woodford Bridge, is the mental hospital for this area.

Prior to the appointment of a psychiatric social worker in this area on 25th September, 1954, some of the pre- and after-care was done by the National Association for Mental Health.

During the first three months the psychiatric social worker spent a great deal of time making contact with the personnel of local social agencies, *e.g.*, the disablement resettlement officers of the Ministry of Labour, the National Assistance Board, the welfare officer of the chest clinics, health visitors, probation officers, &c.

During the year 1955 78 patients were referred to the psychiatric social worker and 19 cases were carried over from 1954; 658 visits were made, 174 pre-care and 387 after-care, 44 visits to Claybury Hospital, and 53 miscellaneous.

Just under half of the referrals came from Claybury Hospital and the rest were referred as follows:—

County Medical Officer . .	5
Tottenham Chest Clinic . .	5
Welfare Officer, Edmonton Town Hall	3
Psychiatric Out-Patient Departments . .	1

National Association for Mental Health	1
Patients or relatives	3
National Assistance Boards	1
General practitioners	2
Other psychiatric social workers	4
Health visitors	1
Probation officers	3
Welfare Department of Middlesex County Council	2
Disablement resettlement officers	1

The psychiatric social worker attends Claybury Hospital regularly for clinical conferences, discussions and consultations with the psychiatrists and the hospital psychiatric social worker. Every help has been given to the psychiatric social worker by the staff and this is very much appreciated. The relationship between the community care and the hospital psychiatric social workers has been extremely good and such close co-operation is of the greatest value. Very often patients are reassured by the fact that the Middlesex County Council psychiatric social worker has such close contact with the mental hospital, whereas if the patient is antagonistic to the hospital they will sometimes more readily accept the psychiatric social worker working in the community and not specifically attached to the hospital.

Preferably the psychiatric social worker sees the patients while they are still in hospital but are ready for discharge, and arranges to visit them in their own home. The psychiatric social worker then reports back to the doctor who cared for the patient while in hospital. Contact is also often made with the patient's general practitioner who is told in the discharge letter from the hospital that the psychiatric social worker will be visiting patient at home.

Pre-care.—In December, 1954, a single woman of 38 was referred by the welfare officer of the Tottenham Chest Clinic for help in obtaining employment. This patient had not worked since November, 1938, as she had been in and out of hospital for treatment of her tubercular spine. When referred patient was considered to be physically fit and certainly capable of part-time employment, but nevertheless she had lost confidence in herself and did not work.

The psychiatric social worker saw her regularly once a week and discussed her problems with her. The home conditions were and are extremely poor and there is little hope of re-housing in the forseeable future. Patient lives with her aged mother and although they have little in common, she feels bound to continue to do so. Patient and her brother and one sister were brought up in an orphanage and it was not until the early 1940's that they were re-united with their mother and patient felt very resentful that she had never enjoyed any real 'home' life. After discussing all these problems at great length with patient, she was finally able to consider work.

Six months after the actual date of referral psychiatric social worker took patient to the Labour Exchange. She obtained a part-time factory job and continues to work.

After Care.—In December, 1954, a woman of 48 was referred to psychiatric social worker via the Official Solicitor. This patient had spent 10 years in various mental hospitals. She had been divorced under the A. P. Herbert Act, her husband was given custody of the two children and subsequently he re-married. Patient worked from hospital for one year but when she took her

discharge in June, 1954, her life as she had known it before her 10-year period of incarceration in mental hospitals had disappeared. She had no home of her own to go to and was dependent on one or other of her married sisters to offer her a home with them.

Although patient was still far from well mentally, was hallucinated and at times suspicious of her relatives, she was able to work for just on a year, until once again she became very suspicious of her relatives. Patient is now staying in a mental after-care home and it is to be hoped that she will obtain employment and ' digs ' with sympathetic people from this home. However, even if it becomes necessary for patient to return to hospital she will at least have had nearly two years living in the community.

It was inevitable at first that the main source of referral of patients was the mental hospital where the machinery already existed for team-work with the psychiatric social worker already on the staff and then with the community care psychiatric social worker, but it is to be hoped that in the future general practitioners and social agencies will refer more pre-care cases.

Throughout this report ' pre- ' and ' after-care ' refer to whether or not the patient has been admitted to a mental hospital."

The following report has been submitted by Miss M. F. Bosanquet (West Division):—

" The Western Division, consists of the boroughs of Southall and Uxbridge and the urban districts of Feltham, Hayes & Harlington, Ruislip–Northwood, Staines, Sunbury and Yiewsley & West Drayton. St. Bernards Hospital, Southall, is the catchment hospital for the area.

As this area had not previously had a psychiatric social worker, the work had to be organised from the beginning. The method adopted was to take one at a time of the eight districts making up the area and to contact County and Local Authority officers who might be in touch with people in need of mental care, and who might also be willing to give advice and practical assistance towards rehabilitation. About 35 potentially useful charities and voluntary organisations such as The Church Army, The S.O.S. Society, The Ex-Services Welfare Association, Family Welfare Association, &c., were also contacted, and personal visits made to those whose replies included an invitation to do so.

The 88 cases referred have come from the following sources:—

Hospitals, mental hospital and psychiatric O.P.
Clinics.
Probation officers.
Area welfare officers.
Labour exchanges.
General practitioners.
Mental welfare officer (W. Drayton and Brentford).
British Legion pensions representative.
Home helps.
Citizens Advice Bureau.
Children's Department and child guidance clinics.
National Assistance Board.
British Red Cross.

Community centres.
Old People's welfare organisations.
Royal Courts of Justice.
Head office.
Patients themselves;

and have occurred fairly evenly over the area. About 700 visits have been made with a mileage of approximately 8,340. Of these cases 52 had already had psychiatric in-patient treatment—some in several different hospitals—and the rest were pre-care, with the exception of 3 senile dementias for whom it was impossible to obtain a history.

On the whole the cases have been varied and interesting. It took a certain amount of time to sort out with other Welfare Officers what type of cases were suitable for community care; for example, in the beginning there were referrals of mental defectives, aged dementias, epileptics, &c., for whom nothing could be done on a p.s.w. basis. When appropriate, however, relatives were helped with the feelings of anxiety and guilt which often accompany such disorders in a family. In several cases the lessening of tension in their relations helped the person involved to relax and gain considerably in self-confidence, as in:—

Case 1.—Miss A. F., aged 19, an able-bodied girl living in a well-to-do home with her father, mother and younger sister. This case was in the hands of the welfare office (who referred it), the N.A.B. and the family doctor. She was on the Handicapped Register because, though not ascertained, she had never succeeded in learning beyond an 8-year old level and had broken down completely when sent to do simple routine work. She had seldom been out in the last three years and occupied her day hoovering and re-hoovering the carpets, followed by compulsive washing operations in which she seemed entirely engrossed. If disturbed at these activities, she was liable to go into screaming fits in which she became unmanageable.

It was found that the mother was an over-anxious emotional person, bound up with her daughter's difficulties. She believed her to be a defective and had feelings of guilt, personal resentment, and inferiority towards the problem. The P.S.W. worked with Mrs. F. seeing her weekly for about three months. As she responded by becoming more able to deal with her hostility, the daughter also changed. She became prettier, more forthcoming and interested in obtaining remedial teaching in order to lead a more normal social life. The mother's anxiety has eased correspondingly with a general improvement in the family relationships.

Patients have been referred for many overt reasons but the underlying causes can be roughly divided into:—

(*a*) disturbances with an anxiety basis;
(*b*) incipient or partially relieved psychotic illness;
(*c*) organic states;

with, of course, many presenting a mixed picture, such as:—

Case 2.—Mrs. L. A., aged 60. Referred by her G.P. for loss of appetite, bad headaches, vomiting, giddiness, sometimes resulting in falls, loss of memory and a general anxiety which had prevented her going out during the last two years. It was also said that she drank steadily, and the doctor

thought the symptoms might be associated with occasional ' alcoholic blinds.'

It was found that this woman had a long-standing anxiety state complicated by the onset of arterio-sclerosis. Help with the anxiety symptoms has eased her physical condition, but little else could be done in this situation except in a supportive capacity.

Of the organic states, the most frequent have been senile or pre-senile dementias, such as:—

Case 3.—Mr. G. M., aged 62. A bachelor living alone in his own bungalow. Prior to 1952 he worked as a company secretary, but deteriorated very rapidly after being replaced by a younger man and failing to find alternative employment. During the last three years he has gradually become disorientated with deluded thinking, for example, that the Royal Family lived with him, but losing all the concrete facts of the subject such as, the name of Royal residences, Royal children, &c. When first seen at the request of the Labour Exchange this man was just able to manage with the help of neighbours, but gradually deteriorated until it was felt that his contact with reality became so tenuous that he might unintentionally do himself harm. The case was referred through his G.P. to the mental welfare officers who arranged for his removal to St. Bernard's Hospital.

There has been very useful liaison with colleagues in other areas, but with the Yiewsley office, 17 miles from Guildhall and considerable time taken in travelling inside the division, there has not been much discussion on individual cases. Personal contacts made in the course of the work have been extremely helpful. Certainly in such a scattered area presenting very different social patterns, the freedom to organise as local conditions have demanded—combined with generous co-operation from the administrative centre—has been a very large asset in the development of the work."

The following is an article written by Mr. E. Heimler (East Central Division) which appeared in the " Medical Officer " and is reproduced by kind permission of the Editor:—

" Psychiatric social work in the county health departments is relatively new. The National Health Service Act, 1946, gave power to Local Health Authorities to ' make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness or the after-care of such persons.' Before this Act the National Association for Mental Health did some of the after-care in the East Central Division of Middlesex.

On my appointment as psychiatric social worker for this division on 1st December, 1953, I was the first such county council worker in this area, although in other parts of the county psychiatric social workers had been working for some time. Each county division presents its own particular problems and differences, *e.g.*, in the sources of referral of patients. The East Central Division includes Hendon, Finchley, Friern Barnet, Southgate, Potters Bar, Wood Green, and Hornsey with a total population of about 500,000.

Before starting this work I thought that the psychiatric social service of a local health department largely depended on cases referred by the area mental hospitals. In this division there are two mental hospitals, but it was found that most cases came from other sources, such as the National Assistance Board

(referred to hereafter as the Board), general practitioners, and other social agencies. This article is limited to the work with the Board.

On my appointment a circular letter was sent to the various social agencies, including the Board, setting out briefly the scope of psychiatric social work and inviting their co-operation. I hoped to establish particularly close contacts with the Board for various reasons. Those capable, both mentally and physically, of working usually do not apply for national assistance. It is mostly those who are facing some kind of difficulty, of physical or mental origin or both, and who are unable to cope with the social pressure upon them, that turn to this service.

Mr. R. C. Bradfield, Area Officer of the Board in Hendon, whose area corresponds geographically to that of my division, was much interested in the plan for co-operation, and we discussed the best way of achieving this, and the types of cases which a psychiatric social worker could best help. There were some difficulties. First, the Board could not officially refer anyone to this department without his consent. They could, however, tell their clients (the term ' client ' refers to the applicant to the Board. The client is called the ' patient ' when he is referred to the County Health Department.) that such a service was available, and that it was open to anyone residing in this area; and that they could get in touch with me direct, or having obtained their permission, the Board could make the approach. Secondly, there was the question of the amount, or rather quality, of information which could be supplied to this department, and it was decided that the Board's officers should only give information agreed with the patient. Further information would be collected from the patient during subsequent and strictly confidential interviews with me. Thus there was no question of the Board committing a breach of confidence, nor of my revealing facts communicated under conditions of professional secrecy.

This led to a third problem, that without sufficient information from the Board one had to ensure that the right types of referrals would come through. The officers of the Board in Hendon and myself, therefore, discussed informally the extent and limitations of psychiatric social work, the functions of the psychiatric social worker, and the types of case he could cope with.

Some of the cases referred proved to be after-care cases, *i.e.*, patients who had at some time attended a mental hospital but had not always been followed up by the hospital. Other cases had never been in a mental hospital or seen a psychiatrist.

It was the policy to get in touch with the family doctor whenever possible, and I have had no case where the general practitioner was unwilling for me to take the patient. In fact, G.Ps. have given us support and encouragement. In many instances where the patient previously attended a psychiatric out-patients' clinic or had been admitted to a mental hospital, we got in touch both with the general practitioner for his permission to work with the patient, and also with the clinic or hospital for information and guidance.

The aim of psychiatric social work in relation to the Board was to adjust the patient to work, which meant the easing of some emotional difficulty in the patient. There was one important condition: the patient had to have a genuine wish to be able to earn his living. To give two examples:—

Case No. 1.—Man, aged 28, married, with one child. The problem

from the Board's angle was that he seldom kept jobs longer than two weeks, had long spells of unemployment, and failed to get jobs, allegedly because of his manner at interviews. He was sent for a training course, but proved unsuitable. He complained constantly of nervousness and stomach pains.

On close inquiry I found him unstable and irresponsible, with high intelligence but of very limited education. His mother had lived with various men and could never settle down anywhere for any length of time, so as a child he always faced insecurity and never knew real family life and love. Because of this his relationship with a much more stable wife was also strained. He was greatly dissatisfied with her, and said that she was not at all understanding, which proved to be untrue. Their small child also showed nervous symptoms because of the strain between the patient and his wife.

I listened patiently during several interviews to his sad and unusual story. Before his marriage he had travelled round the world, had been in various gaols for minor offences, had been pushed from one country to another, deported, and brought back to England. Here he had been found guilty of stealing, and had been put on probation by the court. He did not like to work with people whose intelligence was lower than his own and who were not interested in art, music and other things which interested him. He attended many psychiatrists, but always refused to continue after one or two interviews because he did not consider himself ill. He suffered from bed-wetting and occasional breakdowns, when he lived in a world of fantasy, and usually left his wife and child for weeks.

After some time he saw that I accepted him as a person, that whatever he said (and sometimes what he said was socially and morally undesirable) I refrained from criticism, so perhaps he gradually transferred to me those wishes and desires he had had at an earlier age—respect and love for a father. Once this relationship was established, we could discuss his ambitions, frustrations, and failure in life. I used this relationship to show him the difference between reality and fantasy, and the importance of his being able to earn his living and keep his family, and helped him, through the Disablement Rehabilitation Officer, to obtain a job which satisfied him more intellectually. He has worked without interruption in the last year as a traveller for the same firm. He was, and is, most conscientious about his work and about his working hours (and, being a traveller, no one could really check his movements). He still experiences sudden urges to break away from home, but says that he can check these now. His relationship with his wife has not altered basically, and there is still emotional tension in the home, but he realises now that it is not his wife's fault, and that he is projecting his own emotions on to her.

What has been achieved here is that a man who was never capable of earning his living for any considerable period has up to the present completed one year's successful work. He has been able for the first time in his life to maintain himself and his family without national assistance. He has had no breakdown during this year, and he has stayed at home in spite of sudden urges to break away.

Some people understand by professional relationship an emotionally

detached attitude that one just listens and registers. This would not have worked in the case quoted. I have had to alter this rather ' rigid ' relationship into a more human one because his need was for the latter. The fact that I had interviews with him in different settings did not basically alter the professional relationship between myself and the patient. It is not the surroundings, the atmosphere of the consulting room, the desk between the patient and oneself which makes a relationship. Our patient expressed this by saying that he appreciated this rather ' unorthodox ' way of trying to help him because he always rebelled against anything rigid or static, and that he realised that although the scenery was often changed, our relationship was not a social but a professional one. With some people who have character difficulties the ' unorthodox ' approach may help to establish a closer relationship, a technique which may not be successful with some other patients.

Case No. 2.—The referral from the Board in February, 1954, said that ' this person is 47 years of age, lives with his parents, and owing to mental condition is incapable of work.' The Board said that the man was only too willing to see me as he was very anxious to enter employment.

When I saw him I found him rather disturbed, and that he was attending a general hospital psychiatric out-patients' clinic. I got in touch with the P.S.W. there, and informed her about the referral. (If any referred patient is under a doctor, a psychiatric out-patients' clinic, &c., I do not, of course, take on the case unless I am advised by the doctor or hospital to do so.) My colleague told me that this man had been in mental hospitals several times in the last 14 years with schizophrenia, and suggested his admission to hospital. She advised me that once the patient had been admitted to hospital I should see the parents as they were naturally most anxious about their son's condition. One of his chief complaints was that he had a fish in his jaw that moved there at times and caused him pain. He was somewhat hostile towards his parents and anyone else who did not want to believe that the fish was there. Apart from this he maintained his intellectual ability, and could talk more or less rationally on other topics.

While the patient was in hospital I saw the parents, elderly people, and they both expressed great anxiety about their son's condition and told me ' if he could only see that having a fish in his jaw is ridiculous, everything would be all right.' During several interviews with them we discussed the fact that the fish in the patient's jaw was a sign of mental illness and not a thing that could be talked away or argued about. After some time they were able to see that the imaginary fish was real to the patient himself and that no amount of argument would make the patient see the impossibility of his delusion, and that they would have to accept it as much as one accepts symptoms of a grave physical illness.

Some months later the patient returned from hospital, and I saw him again and he told me that his parents did not argue any more about the fish in his jaw. He added that they did not show any special interest in it, but at least he did not have to convince them about it.

He had made good progress while in hospital, had put on weight and was more cheerful, and the fact that his parents did not argue about the

fish any more made him feel more secure and less aggressive towards them. We agreed that between himself and normality, as far as society was concerned, there was only this question of his talking about the fish in his jaw, and if he did not want to convince other people of its existence, he could earn his living after many years of unemployment. Soon afterwards he started with a firm doing leather-work, and as far as is known he is still here, earning about £6 10*s.* a week. A few months later I saw him at my office and I asked him about work and his life in general. He said that he was very happy to be able to earn his living, and that he felt more settled as he could spend money on clothing and entertainment. He was rational and looked very well indeed. When I indirectly asked him about the fish he declined to talk about it. I heard later from his parents and from his sister that his firm considered him a good worker, a bit odd sometimes, but there was no mention of the fish.

In this case the parents accepted the delusion, and when this was realised by the patient he did not have to convince them or be hostile towards them. He could then, with that part of his mind unaffected by illness, accept the belief that, although the fish was in his jaw, he had better not talk about it, and accordingly he was able to get employment. Having done so, after so many years of being incapable of work, he gained more confidence and was much happier although the delusion was still present. The treatment and the rest he had had in hospital before he took up work also played a very important part.

Psychiatric social work in this case did not attempt any psychiatric therapy by trying to remove the symptom, but rather concentrated on the social aspect of the matter, *i.e.*, work. If there was any social therapy at all, it was achieved indirectly through the parents, who were able to accept the patient's delusion as a symptom of illness and not something that could be argued away. This man, of course, is mentally ill, but like so many mentally ill people, he could be helped to take his place in society, provided that certain conditions were fulfilled. I am not alone in my belief that many people whose delusions, hallucinations or obsessions are such that at present they have to stay in mental hospitals would be capable of working if certain environmental changes could be brought about. Mental illness itself in many cases does not mean that a man is socially crippled for life, but, just as in the case of physical disability, if certain conditions are fulfilled the mentally ill (although still mentally ill) can also take their place in society.

I could quote many more cases, but I would rather give a few figures. Between January and December, 1954, 41 cases were referred by the Board to this department. Out of these, three (as a result of psychiatric social work) were admitted to mental hospitals and are still there, six moved out of the Hendon area and little is known of them, and two have died. Of the 30 remaining, 20 returned to work, and as they are not drawing national assistance benefit, there is a strong presumption that they are still working. Details of these 41 cases are given in the table on page 51.

As this experiment with the Board began only in January, 1954, one cannot as yet draw any definite conclusions about the validity of these figures,

but they do indicate that co-operation between the Board and the psychiatric social services of local health authorities may help mentally ill and disturbed people, who are drawing national assistance allowances, to regain their position in society. It would also be somewhat dangerous to state that the possible value of this work should be measured purely by the financial gain. The experiment has shown that some £1,600 saved in 41 referred cases in one Board's area would be in the region of 400 times as great had the experiment been carried out on a national scale, *i.e.*, if each Board office referred 40 cases. This in a period of one year would represent a total saving of £600,000 (as a single person unemployed and in need of national assistance requires on an average about 50*s.* per week).

As the annual report of the National Assistance Board bases the average load of national assistance in each office at approximately 3,000, the referral of 41 cases is considerably less than 1 per cent. of the load.

The technique of collaboration has to be further worked out, but some of the existing results are encouraging, as six of the cases had been drawing national assistance benefit since 1947 or 1948, and the majority had drawn it for two or more years.

It would seem worth while of the National Assistance Board to go into this whole matter very carefully. It might well be that in future the adjustment to work of people drawing national assistance could be undertaken by the Board's officers themselves. This might be brought about gradually by consultation on individual cases between psychiatric social workers and the Board's officers, which would, in time, lead to the latter being able to handle the emotional as well as the material problems of the people who came to them. An alternative step might be the appointment to the Board of an advisory psychiatric social worker, whose main function would be to formulate a scheme of training which would help the Board's officers on this new side of their work. This course would also be a means of solving the problem in areas where no psychiatric social workers are available.

The Welfare State provides many forms of assistance besides financial help for those who are in need of it. All these are most important, but should not be considered the final answer to our social problems. The situation is somewhat similar to that of a home where the material needs are provided for the child but where, for various reasons, his emotional needs are not fully met. We have learnt a great deal about mental illness and emotional disturbances in the last 30 years, and the Welfare State should now see that besides the many existing services it should also make provision for the emotional needs of the people who find it necessary to apply for national assistance."

(*b*) *Therapeutic Social Clubs.*—The County Council continues to support the therapeutic social clubs and rehabilitative occupational therapy centre operated by the Institute of Social Psychiatry. These clubs meet weekly or more frequently and as far as possible are run by the patients themselves with a psychiatrist in attendance to give friendly and informal advice and help.

During the year 90 Middlesex cases attended the social clubs, and 22 cases attended the rehabilitative occupational therapy centre.

Useful as they are the clubs suffer from the disadvantage of being at some distance from the patients' homes and from having no connection with the hospitals serving the areas in which the Middlesex cases reside. For this reason

the County Council has approved of the setting up of a therapeutic social club in Edmonton which it is hoped to open early in 1956.

(*c*) *Mental After Care Homes.*—During the year arrangements were made through the Mental After-Care Association for the placement of people, who no longer required treatment in hospital but who for various reasons were unable to be discharged to their homes.

Some of these people required temporary help for a few months before leading an independent life in the community; in others the admission was on a long-term basis.

COMMUNITY WORK UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890–1930

This work is carried out by the 24 mental welfare officers who are " duly authorised " to undertake the statutory duties.

There are five divisional offices upon which these officers are based. In March, 1954, the West Divisional Office was moved from the County Offices, Uxbridge, to the County Offices, Yiewsley. The new premises are more commodious and have been well adapted for the purpose.

The work that these officers undertake is often arduous and involves a considerable amount of night and week-end work, as a 24-hour service is necessary. The duties are made more difficult by the shortage of appropriate hospital accommodation.

In the mental health field the year has been a particularly interesting one in view of the fact that the Royal Commission on Mental Health has been sitting and the published minutes of the evidence which has been submitted by various organisations and individuals, have been available for study.

As has been expected, there is a strong body of opinion in favour of eliminating, as far as possible, the treatment of a person who is suffering from mental disorder by the process of compulsory detention in a mental hospital as a " certified " patient. To-day more than ever the closest contact and co-ordination of action between the various people working in this service is essential, and every effort is being made to bring this about. Medical practitioners and the duly authorised officers concerned are being encouraged to avail themselves of the services of psychiatrists for domiciliary consultation and so obtain expert advice as soon as possible. A glance at the statistics in the appendix will show that the number of voluntary patients admitted to mental hospitals during the year is gradually beginning to compare favourably with the number of " certified " admissions, and there is every reason to hope that this position will become even more favourable in the future. It will be appreciated, of course, that admissions on a " voluntary " basis are dependent upon the number of beds available in the catchment hospitals for such types of patients.

A matter which continues to cause much concern and which has also occupied the attention of the Royal Commission is the certification of old people. In Middlesex, as in many other counties, this situation continues to be unsatisfactory. In the county during the year 27·2 per cent. of all admissions to mental hospitals were of people over the age of 65 years. There is no doubt whatever that the basic condition of very many of these patients is attributable to physical disease; the care and treatment of such cases is, of course, a geriatric problem and should be treated as such.

There are so many cases in which the patient's family doctor having found himself quite unable to make any arrangements for the old person in a geriatric unit, is forced to turn to the mental health service as the only solution to his problem; a solution which, however, is frequently distressing both to the patient and his relatives. Nobody is more conscious of the unsatisfactory nature of such a procedure than the doctors and the mental health workers who, " faute-de-mieux ", have to carry it out. Medical superintendents of mental hospitals rightly feel, that a responsibility for the care and treatment of such patients is outside their sphere of work.

Mental welfare officers undertaking case work in the community bear a very heavy load of personal responsibility. Their capacity both to do good and inadvertently to do harm, is considerable and for these reasons it is high time that the Minister of Health gave a lead as to what the appropriate qualifications should be. There has, in recent years, been too much procrastination, too ready a willingness to await reports of working parties who are studying matters which, in my view, are irrelevant to the issue. Of the mental welfare officers in the service of the county, nearly one-third, and those the most experienced officers, will be retiring within the next few years and the future of the service is being prejudiced by a failure to give a lead in this matter at the very time when there is dawning a realisation that a community approach is the only one which is likely to deal adequately with this vast problem.

The statistics relating to cases dealt with under the Lunacy and Mental Treatment Acts during the year will be found on page 98 of the Appendix.

COMMUNITY WORK UNDER THE MENTAL DEFICIENCY ACTS

(*a*) *Supervision in the Home.*—There are 1,940 defectives of all ages under supervision in their own homes. All children under 10 years and all female cases are visited by lady supervision officers. The males over 10 years old are visited by the mental welfare officers.

Defectives are notified from various agencies but the majority are reported under Section 57 of the Education Act, 1944.

The majority of cases leaving schools for educationally subnormal children are notified, and, in most schools, it is possible to hold a " school leavers " conference whereby the headmaster, school doctor, mental health doctor, youth employment officer and prospective supervising mental welfare officer discuss each case about to leave the school with the parents, who are invited to attend. Plans can then be made for the pupil, and the close liaison accomplished with the youth employment bureau is considered to be invaluable in placing some of these cases which is not always easy.

It also provides an opportunity for the parent to receive advice and to be introduced to the new " supervising officers ".

The quality of the supervision given by the mental welfare officers is generally very high. It is felt, however, that in many cases more frequent visits, than are at present possible, would be advantageous.

An increasing number of very young children are now being referred informally by health staff. In these cases no action is taken to " ascertain " the children or to prejudice the future, particularly with regard to education, in any way. The parents can often be helped in this way to adjust themselves to the emotional shock of having a backward child. This emotional reaction

on the part of parents conditions the future attitude towards the child, which is too often one of over devotion or rejection. This is the time when parents need help most.

(*b*) *Institutional Care.*—During the year 205 persons were admitted to mental deficiency hospitals. There has been a great improvement in the waiting list for institutional care over the past few years and this no longer constitutes the great and tragic problem it was. The change is due to the provision by the North West Metropolitan Regional Hospital Board of a large number of new beds at Harperbury Hospital and by the continued progress made by the County Council towards a really comprehensive community care service.

The position is summarised in the table below:—

Cases awaiting admission to institutions

January	*Urgent*	*Non-urgent*	*Total*
1952	136	283	419
1953	207	206	413
1954	149	212	361
1955	156	141	297
1956	36	125	161

(*c*) *Guardianship.*—There are 390 defectives under guardianship. During 1955, 14 patients were admitted to guardianship locally and a further 11 patients were admitted through the agency of the Guardianship Society, Brighton.

(*d*) *Clinics.*—Mental health clinic sessions are now held regularly in Staines, Brentford, Edmonton and Enfield in child health clinic premises. This provides an opportunity for parents of defective children to consult the medical staff without previous appointment and is a help to older defectives in the community. Another advantage is that it is an economical use of the doctor's time.

(*e*) *Special Training Schools (Occupation Centres) and Practical Training Centre (Adult Occupation Centre)*

(i) *Re-naming of Centres.*—In June, 1955, the term "Special Training School" was substituted for the term "Occupation Centre", as it was thought that the term "Occupation Centre" was misleading and inferred that the children are merely "occupied" rather than trained. The adult male occupation centre formerly known as the Industrial Training Centre was renamed Practical Training Centre as this term seemed more appropriate.

(ii) *Existing Schools and Centre.*—The present schools and centre and particulars of places available at them are as follows:—

School	*Number of places*
Brentford	75
Hornsey	65
Hanworth	60
Hillingdon	80
Harrow	72
Willesden	30
Neasden	80
Enfield	30
Edmonton	65
Total	557
Southall Practical Training Centre	60

No new schools or centres were provided during 1955 but by amendment of the catchment areas of existing schools waiting lists were considerably reduced.

(iii) *Monetary Rewards for Mental Defectives undergoing Industrial Training.*—In June, 1955, the Minister of Health approved an amendment to the County Council's proposals under Section 28 of the National Health Service Act, 1946, whereby the Council could make payments to mental defectives undergoing industrial training at any of the Council's adult industrial training centres.

A scheme was commenced at the Southall Practical Training Centre from the 22nd August, 1955, and, since that date, the lads attending the centre have received payments ranging from 1*s.* 6*d.* to 5*s.* per week according to ability and diligence.

(iv) *Provision of Meals.*—Mid-day meals at special training schools and the practical training centre are provided as follows:—

Meals cooked on premises	*School meals provided*
Edmonton.	Enfield.
Neasden.	Hornsey.
Harrow.	Willesden.
Brentford.	Uxbridge.
Hanworth.	
Southall.	

(v) *Transport.*—The great majority of patients attending the special training schools and the practical training centre are transported to the schools by coach from various convenient picking up points near to their home address.

(vi) *Holiday Camp.*—Arrangements were made for a party of 150 children from the County Council's special training schools, to attend the St. Mary's Bay Holiday Camp, New Romney, Kent, from the 26th August to the 9th September, 1955, and a party of older boys from the practical training centre attended the Camp from the 3rd to the 10th June, 1955. This is the fifth consecutive year that such holidays have been arranged.

(*f*) *Future Projects.*—Consideration is being given to the following projects:—

(i) The erection of a purpose-built special training school in Isleworth to replace the existing school at Brentford.

(ii) The erection of a special care section in the grounds of the Hanworth Special Training School to accommodate approximately 12 low grade and difficult children.

(iii) The provision of a short term care home at "Moorcroft", Harlington Road, Hillingdon, to provide accommodation for 26 mentally defective children under Section 28 of the National Health Service Act, 1946.

(iv) The setting up of a hostel under Section 28 of the National Health Service Act, 1946, for young adult high grade defectives who would be helped to earn their own living in industry.

(v) The provision, as soon as premises become available, of a practical training centre in the eastern part of the county. There are approximately 80 young men residing in Enfield, Edmonton, Tottenham and Hornsey, &c., who are in need of such training.

East Central Division

Cases referred to psychiatric social worker by National Assistance Board.

Case No.	Date of referral.	National assistance ceased.	National assistance commenced.	Case work or approx. No. of interviews.	Remarks.	Financial savings up to 20.8.55.
						£ s. d.
JANUARY–MARCH						
1	12. 2.54	20. 5.55	6. 9.49	Continuing	—	32 10 0
2	12. 2.54	23. 5.55	12. 7.50	Continuing	—	30 0 0
3	12. 2.54	Current	13. 8.51	Continuing	—	—
4	20. 2.54	5.10.54	Prior to Oct. 1950	2	—	105 0 0
5	22. 2.54	Current	21. 9.50	3	—	—
6	25. 2.54	4. 6.55	9. 2.49	4	—	25 0 0
7	10. 3.54	—	—	—	Transferred to another area	—
8	16. 3.54	Current	Prior to 1949	Continuing	—	—
9	19. 3.54	25. 1.55	19. 8.52	20	—	75 0 0
10	25. 3.54	5.10.54	Jan. 1951	4	—	105 0 0
11	29. 3.54	11.11.54	3.12.51	3	—	93 0 0
APRIL—JUNE						
12	2. 4.54	20. 4.54	5. 2.54	1	—	170 0 0
13	5. 4.54	9. 4.54	Prior to Mar. 1948	1	—	175 0 0
14	1. 4.54	—	—	—	Transferred to another area	—
15	21. 4.54	11. 6.54	5.11.52	8	Admitted to hospital	—
16	May 1954	7. 3.55	5. 3.54	1	—	55 0 0
17	5. 5.54	Current	9. 2.49	Continuing	—	—
18	12. 5.54	10. 6.54	May 1949	Continuing	—	150 0 0
19	21. 5.54	25. 6.54	Jan. 1953	2	Admitted to hospital	—
20	21. 5.54	Current	20. 8.51	5	—	—
21	3. 6.54	31. 5.55	Nov. 1948	15	Deceased	—
22	14. 6.54	25. 5.55	Sept. 1951	Continuing	—	30 0 0
23	18. 6.54	Current	6.11.53	4	—	—
JULY–SEPTEMBER						
24	15. 7.54	28. 1.55	26. 6.53	15	—	67 10 0
25	20. 7.54	Current	20. 1.54	2	—	—
26	26. 7.54	—	—	—	Transferred to another area	—
27	9. 8.54	—	—	—	Transferred to another area	—
28	18. 8.54	Current	3. 3.52	6	—	—
29	24. 8.54	15.10.54	20. 2.53	Continuing	—	93 10 0
30	26. 8.54	15. 4.55	Prior to 1948	8	—	42 10 0
31	26. 8.54	—	—	—	Transferred to another area	—
32	10. 9.54	19. 9.54	Prior to 1950	2	—	120 0 0
33	14. 9.54	Current	14. 9.51	Continuing	—	—
34	15. 9.54	11. 5.55	16. 4.47	—	Deceased	—
35	16. 9.54	21.12.55	29. 1.54	3	—	80 0 0
36	30. 9.54	—	23. 2.51	—	Admitted to hospital	—

Case No.	Date of referral.	National assistance ceased.	National assistance commenced.	Case work or approx. No. of interviews.	Remarks.	Financial savings up to 20.8.55.
						£ s. d.
OCTOBER – DECEMBER						
37	22.10.54	—	—	—	Transferred to another area	—
38	27.10.54	2. 5.55	July 1947	Continuing	—	37 10 0
39	2.11.54	Current	1.11.54	Continuing	—	—
40	15.11.54	4. 2.55	26. 7.54	5	—	65 0 0
41	27.11.54	7. 2.55	17. 9.48	1	—	62 10 0
					£	1,614 0 0

CIVIL DEFENCE AMBULANCE SERVICE

The County Medical Officer of Health is the designated officer in charge of the ambulance service which the County Council is required to provide in exercise of its Civil Defence powers. The officer responsible to him for the immediate management of the Civil Defence Ambulance Service is the Senior Ambulance Officer, Mr. F. Hannan, who has prepared the following report upon the progress of the service during the year under review:—

" Steps were taken in the Sub-Divisions to assess the numbers of active members remaining in the section and it was found these totalled 2,600 at the close of the year.

This provided scope for further recruitment of new members to make the section more virile and accordingly towards the end of the year consultations were initiated with the voluntary first aid societies to encourage their members to join the section.

Greater emphasis was placed on the practical training of members of the section by means of local exercises and arrangements were made for the grouping of district councils for this purpose.

In addition a large-scale exercise was organised to determine some of the problems which the casualty services might meet in the evacuation of large numbers of casualties to hospitals. The solutions to these problems were tested at a subsequent exercise.

Opportunity was taken during the early part of the year to review the plans for the expansion of the ambulance service in emergency. This was felt to be satisfactory having regard to the uncertainty of future planning caused by the introduction of the hydrogen bomb.

A practical course for potential officers was held at a peace-time ambulance depot to determine the suitability of individuals for appointment as station officers.

In anticipation of increased recruitment for casualty collecting duties a number of parties consisting of one deputy shift leader and six men were authorised for each sub-division.

The second section competition final was marred by unfavourable flying conditions which stopped a helicopter, which took off from Gatwick Airport, from participating as an 'air ambulance' in a supporting event illustrating co-operation between the army and casualty services in the evacuation of seriously injured casualties. Winners of the Silver Trophy and Cups during the final events were:—

(*a*) THE SARPEA TROPHY for the team which displayed the high-all-round ability.

Winner: WOOD GREEN.

(*b*) THE HARVEY CUP for the diagnosis of injuries and efficient application of first aid.

Winner: WEMBLEY.

(*c*) THE WAUTHIER CUP for driving skill; knowledge of routes to hospitals and ambulance depots; quick turn-out of vehicle from ambulance station.

Winner: WOOD GREEN.

(*d*) THE SOUTHGATE CUP for general ability in casualty collecting and ambulance loading.

Winner: WOOD GREEN.

Valuable experience was gained from a mobility exercise in which training ambulances participated. Of the authorised strength of 34 training ambulances four were replaced by better vehicles withdrawn from the peace-time ambulance service.

Two schemes for the tuition of learner drivers were suspended during the year but arrangements were continued for qualified car drivers to obtain practice on ambulances.

Attendance by volunteers at peace-time ambulance depots for practical training continued during the year although there was a falling off in the numbers reporting for this duty.

At the end of the year under review preparations were made to introduce new training arrangements designed to reduce the time taken to train volunteers and give greater prominence to the practical aspects of training. As a first step arrangements were made for the senior ambulance officer, his deputy and the assistant ambulance officer to complete a special course at one of the Home Office Training Schools in preparation for holding a series of courses in 1956 during which local ambulance instructors will be trained."

PUBLIC HEALTH ACT, 1936

Nursing Homes

The County Council is the Authority responsible for the registration and supervision of nursing homes throughout the County, with the exception of the Borough of Ealing. Routine visits are paid by the authorised inspectors of the area health staffs, and in addition six special visits were made by one of the principal medical officers.

No new registrations were approved during the year, and four homes were discontinued, leaving 51 on the register at the end of the year. There were 41 beds specifically approved for maternity cases.

NURSES' ACT, 1942—PART II

Nurses' Agencies

There were 9 nurses' agencies registered with the County Council in 1955. Four visits of inspection with the appropriate Chief Inspector from the Public Control Department were made. No irregularities were discovered, all being well conducted.

TRAINING OF B.O.A.C. STEWARDESSES

This scheme which was started last year did not develop as fully during 1955 as had been anticipated. The grounding of the Comet aircraft caused a temporary halt in the recruitment of air hostesses and therefore only one class of six received the training in child care. It is hoped that this will go forward again in 1956 with the enthusiasm with which it began.

STUDENT NURSE TRAINING

The visits of student nurses from the nurse training schools have continued through the year to all the areas.

There is no doubt about the students' enthusiasm for this part of their training, and the staff concerned (health visitors, home nurses and midwives) share the enthusiasm. It is proving an excellent form of liaison between the hospitals and the local health authority.

INSPECTION AND SUPERVISION OF FOOD

MILK PRODUCTION AND DISTRIBUTION

The Milk (Special Designation) (Specified Areas) Order, 1951, made under Section 23 of the Foods and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, specified, as from the 1st October, 1951, the Administrative County of Middlesex as an area within which all milk sold by retail for human consumption (other than catering sales), must be specially designated milk, *i.e.*, sterilised, pasteurised, tuberculin tested or accredited milk from a single herd.

Producers' licences to use the special designation " Accredited " expired on 30th September, 1954, and were not thereafter renewable. Accordingly the use of the special designation " Accredited " is no longer permitted and only sterilised, pasteurised or tuberculin tested milk can now be retailed in Middlesex.

At the end of 1955, 94 farmers and farms were registered with the Middlesex Agricultural Executive Committee under the Milk and Dairies Regulations, 1949. Thirteen " Tuberculin Tested " milk licences were issued or renewed during the year, making a total of 72 in operation at 31st December, 1955. Sixty-seven of the herds belonging to holders of " Tuberculin Tested " licences were also attested under the scheme of the Ministry of Agriculture, Fisheries and Food.

In accordance with the Milk (Special Designations) (Raw Milk) Regulations 1949, no application to use the designation " Tuberculin Tested " has been granted since 30th September, 1954, unless the herd was registered as an attested herd with the Ministry of Agriculture, Fisheries and Food.

Thirty-four licences were issued by the County Council during the year under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949–1953.

Local authorities still retain powers connected with milk production in so far as they relate to diseases communicable to man. An important aspect of this work which is carried out by the County Council is the sampling of milk with a view to examination for the presence of tubercle bacilli. Samples of milk are taken by inspectors of the Public Control Department either in course of retail or at the farms of origin, when these are situated in Middlesex, and submitted to examination in the pathological laboratory of Harefield Hospital. The following table shows the results which have been obtained for each of the last 10 years:—

Year.	Number of samples for which a definite result was obtained.	Number containing living tubercle bacilli.	Percentage of tubercle infected milk.
(1)	(2)	(3)	(4)
1946	391	17	4·3
1947	352	10	2·8
1948	384	12	3·1
1949	384	3	0·7
1950	384	3	0·7
1951	384	3	0·7
1952	385	3	0·7
1953	384	7	1·8
1954	384	7	1·8
1955	384	4	1·0

Of the four infected milk samples shown in the above table, three were produced in Essex (the milk being sampled in course of transit to Middlesex retailers) and one sample take at a farm in Middlesex where an infected cow was traced and slaughtered under the Tuberculosis Order, 1938.

The routine veterinary inspection of Middlesex herds is carried out by the Ministry of Agriculture. The Divisional Inspector of the Ministry furnishes the County Council with information as to the results of veterinary inspections and tuberculin tests of Middlesex herds. The figures for the past six years are set out in the table below:—

Year.	Number of clinical examinations of bovine animals.	Number found in which tuberculosis was suspected.	Number slaughtered.	Number in which diagnosis was not confirmed.
(1)	(2)	(3)	(4)	(5)
1950	2,163	5	5	—
1951	3,832	7	7	—
1952	4,038	2	2	—
1953	2,922	3	3	—
1954	3,129	7	5	2
1955	4,204	4	4	—

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949–1953.—The sampling of milk under the above regulations is in the hands of the Public Control Department of the County Council. The following table sets out the results obtained from samples taken during the period 1st January to 31st December, 1955:—

Description.	Passed.	Failed.	No test applied.	Number examined.
(1)	(2)	(3)	(4)	(5)
Pasteurised and tuberculin tested pasteurised—				
Phosphatase test	1,436	2	— }	1,438
Methylene blue test	1,170	6	262 }	
Sterilised—				
Turbidity test	156	—	—	156
		Total		1,594

Failures to comply with the prescribed tests were investigated by officers of the Public Control Department and steps taken to prevent a recurrence.

ADULTERATION OF FOOD

The Acts and Regulations dealing with adulteration of food and drugs are administered by the Public Control Department of the County Council. I am indebted to Mr. J. A. O'Keefe, B.Sc.(Econ.), LL.B., Barrister-at-Law, Chief Officer of that Department, for information regarding this branch of work.

Food and Drugs Acts, 1938–1954.—During the year 9,251 tests of food and drugs were made. This total comprised 3,873 tests of milk and 5,378 of other than milk, of which 465 and 221 respectively were unsatisfactory.

The total summonses issued for offences contrary to the Food and Drugs Act, 1938, was 41, this included 12 summonses for the passing off of pigs' liver, for lambs' liver and 2 summonses in respect of aiding and abetting in this offence. A total of 153 liver samples was procured from butchers' shops, and of these in 15 cases there was passing-off. Of 3,873 samples of milk procured 465 proved unsatisfactory, and 13 summonses were issued—3 for untreated milk, 9 for added water and 1 for using a dirty bottle. There were 5 summonses in respect of " vinegar "—1 sample being deficient in acetic acid and the other 4 were of non-brewed condiment sold as " vinegar ".

Of 426 samples of wines and spirits procured only 7 were found to be unsatisfactory and these were not so serious as to warrant proceedings being instituted.

Three summonses were issued in respect of the passing-off of an inferior type of fish for that of better quality. There were 2 summonses against the same manufacturer for selling sweets which contained wire; 2 summonses for selling margarine as " butter ", and 1 summons for selling minced meat which contained prohibited preservative. Two summonses were in respect of bread; 1 loaf contained a nail and the other a piece of metal.

The total fines and costs awarded was £248 7*s*.

In addition to the more serious infringements in respect of which proceedings were taken as noted above, there were 63 cases where the Council sent a special letter of caution to the alleged offender and in addition warnings were issued from the department in a number of cases.

Arising from the food and drugs sampling, offences under the Defence (Sale of Food) Regulations were disclosed of cases of false or misleading descriptions, applied by label or in advertisements, to foods. Thirty-three summonses were issued in respect of such offences and a total of £167 2*s*. in fines and costs was imposed. The cases include Packham and Winter Nelis pears described as " Williams "; Granny Smith apples marked " Newtowns "; pigs' liver described as " calves' liver "; tinned soup described as " cream of tomato soup " which was deficient in fat; packets of sliced and coloured saithe described as " smoked sea salmon "; tins of sterilised cream described as " thick cream "; milk cheese described as " cream " cheese and processed cheese bearing the description " cream " cheese; an article described as " milk chocolate drink " which was made with skimmed milk; " chocolate swiss roll " which was deficient in cocoa, and a " cream lolly " deficient in fat.

4,328 premises were visited and inspected to ensure compliance with the Merchandise Marks Acts, 1887 to 1953, and in particular the labelling of imported foods in pursuance of Orders under the Merchandise Marks Act, 1926, with an indication of origin. 18,842 displays of the controlled foods were made and as a result 80 summonses were issued in respect of the more serious infringements and a number of official cautions were issued. The summonses were in respect of the mismarking, or non-marking, of displays of meat, apples, tomatoes, &c., and a total of £303 17*s*. fines and costs was imposed.

The Labelling of Food Order, 1953, requires that the pre-packed foods shall be labelled with the name and address of the packer and the designation of the food in the container and, where the food is a composite article, a list of the ingredients. 2,501 premises were visited and 11,370 different articles

examined. Only one offence of sufficient seriousness to warrant a prosecution arose and two official cautions were issued.

False or Misleading Descriptions.—In addition to the foregoing activities a considerable amount of work has been done for the benefit of all districts of Middlesex equally in scrutinising advertisements and the labels of pre-packed foods and correcting false or misleading descriptions or errors in statement of composition found therein. Corrective action during the year in question related to biscuits, confectionery, spirits, sausages in brine, cereals, fruit squashes, margarine, ginger wine, imitation cream, liver puree, iced lollies, cheese spreads, tinned fruit and vegetables.

VISITORS

Once again the Tottenham rehabilitation and sheltered workshop for tuberculous men was the greatest attraction among the health services provided by the County Council, particularly to visitors from overseas. Their numbers were greater than ever and it was seldom that more than a week or two passed without a request being received for permission to visit the workshop.

Among the European countries represented by senior members of their health and social services were Germany, Holland, Italy, Jugoslavia, Norway and Spain. Asia was represented by Iran and Israel and Africa by Egypt and the Sudan while delegates also came from Australia and in the New World from British Columbia, British Honduras and Jamaica. Among British visitors of note were senior members of the staffs of St. Bartholomew's and St. Thomas's Hospitals.

Although the workshop provided the chief draw, other sections of the Council's health services did not go unnoticed and perhaps special mention should be made of the visit made by Miss J. C. M. van Heulen, Chief of the Family Care Division of the Dutch Ministry of Social Work. In the course of a close study extending over a period of a week, she visited health service premises of every description and discussed the organisation of the several branches of the service with the supervisory officers concerned.

APPENDIX

STAFF

County Medical Officer of Health and Principal School Medical Officer:
A. C. T. Perkins, *M.C.*, M.D., B.S., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:
G. S. Wigley, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officers:

Mental Health Service ..	P. A. Bennett, M.B., Ch.B.
Care and After Care Service	J. F. Macgregor, L.R.C.P., L.R.C.S., D.P.H.
School Health Service ..	Mrs. E. J. Madeley, M.B., Ch.B., D.P.H., D.M.R. & E.
Maternity and Child Welfare Service	Miss D. Taylor, M.A., M.B., B.S., L.R.C.P., M.R.C.S., D.P.H.

These are the primary duties of the Principal Medical Officers but they carry out other duties including deputising for one another.

Chest Physicians:
(Joint appointments by County Council and Regional Hospital Boards.)

P. E. Baldry, M.B., B.S., M.R.C.P.
Miss B. A. Butterworth, M.B., M.R.C.P., M.R.C.S.
J. Vernon Davies, M.D., M.B., B.S., M.R.C.P.
R. Heller, M.D.
H. Climie, M.D., Ch.B., D.P.H.
T. A. C. McQuiston, M.D., M.B., D.P.H.
R. Grenville-Mathers, M.A., M.D., M.R.C.P., F.R.F.P.S.
J. T. Nicol-Roe, M.D., Ch.B., D.P.H.
C. H. C. Toussaint, M.R.C.S., L.R.C.P., D.P.H.
H. J. Trenchard, M.B., Ch.B., M.R.C.P., D.M.R.(D.).

Chief Dental Officer and Principal School Dental Officer:
J. V. Bingay, *M.B.E.*, L.D.S.R.C.S.

Senior Medical Officer—Mental Health:
Miss R. D. Fidler, M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer—London Airport:
W. A. Bullen, L.R.C.P., L.R.C.S., L.M., D.T.M., D.T.H.

Special Services Almoners:
Miss D. Myer.
Miss I. B. Munro (Assistant Almoner)
Mrs. E. M. Ratcliffe .. Part-time, appointed 5.9.55.
Mrs. K. M. Vardy .. Part-time, appointed 7.11.55.

Rehabilitation Workshops—Tottenham:
Supervisor/Instructor—W. R. Osment.

Mother and Baby Homes:

Amherst Lodge, Ealing.—Matron—Miss F. M. Dilley, S.R.N., S.C.M. Retired 15.7.55.
Mrs. E. M. Craddock, S.R.N. Appointed 16.7.55.

Belle Vue, Willesden.—Matron—Miss W. M. Byford, S.R.N., S.C.M.

Red Gables, Hornsey.—Matron—Miss F. V. Curtis, S.R.N., S.C.M., H.V. Cert.

Area	*Area Medical Officers:*	*Area Dental Officers:*
No. 1	W. D. Hyde, M.B., Ch.B., D.P.H. D. Regan, B.A., B.Sc., M.B., Ch.B., D.P.H.	E. Underhill, L.D.S.R.C.S.
No. 2	W. C. Harvey, M.D., D.P.H.	G. S. Williams, L.D.S.R.C.S.
No. 3	G. Hamilton Hogben, M.R.C.S., D.P.H.	V. Sainty, L.D.S.R.C.S.
No. 4	Miss K. M. Bodkin, M.R.C.S., L.R.C.P., D.P.H. (Appointed 1.6.55.) A. A. Turner, *M.C.*, M.D., D.P.H. (Retired 30.5.55.)	K. C. B. Webster, L.D.S.R.C.S.
No. 5	Caryl Thomas, M.D., B.Sc., D.P.H., Barrister-at-Law.	A. G. Brown, L.D.S.R.C.S.
No. 6	E. Grundy, M.D., D.P.H. S. Leff, M.D., D.P.H., Barrister-at-Law.	Mrs. A. B. Perkins, L.D.S.R.F.P.S.(Glas.).
No. 7	W. G. Booth, M.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. G. E. B. Payne, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	L. C. Mandeville, L.D.S.R.C.S.
No. 8	O. C. Dobson, M.D., D.P.H., D.P.A., Barrister-at-Law.	G. M. Davie, L.D.S.R.F.P.S. (Glas.).
No. 9	A. Anderson, M.D., D.P.H.	E. E. Lewis, L.D.S. U.Brist. (Died 14.1.55.) O. H. Norman, L.D.S., R.C.S., B.D.S. (Appointed 1.7.55.)
No. 10	J. Maddison, M.D., B.S., D.P.H.	O. H. Minton, L.D.S. U.Brist.

County Council Establishments of:—

Area Medical Officers	10
Deputy Area Medical Officers	10
Senior Assistant Medical Officers	11
Assistant Medical Officers	86
Senior Airport Medical Officer	1
Airport Medical Officers	4
Airport Nurses	6
Airport Clerk/Receptionists	11
Area Dental Officers	10

Orthodontists	13
Dental Officers	96
Dental Attendants	132
Area Superintendent of Home Nurses and Non-Medical Supervisor of Midwives	10
Nurses Home Superintendents	2
District Midwives	150
Home Nurses	310
Area Superintendent Health Visitors	10
Deputy Superintendent Health Visitor	1
Health Visitors and School Nurses	347
Tuberculosis Visitors	44
Home Help Organisers	10
Assistant Home Help Organisers	19
Home Helps	1,250
Chest Clinic Welfare Officers	10
Chest Clinic Assistant Welfare Officers	7
Psychiatric Social Workers	5
Mental Welfare Officers	24
Lady Supervision Officers	4
Special Training School Supervisors	9
Special Training School Assistant Supervisors and Trainees	31
Practical Training Centre Supervisor/Instructor	1
Practical Training Centre Assistant Instructor	3

Statistical Tables

Table I
Acreage and Population

Boroughs and Urban Districts.	Acreage. (*a*)	Census population. (*b*)			Registrar General's estimated home population, June, 1955	Number of separately rated dwellings, 1st April, 1955	Average number of persons per dwelling.
		1921.	1931.	1951.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Acton (Borough)	2,319	60,817	70,008	67,471	66,720	18,148	3·7
Brentford and Chiswick (Borough) ..	2,332	58,499	63,217	59,367	58,750	15,654	3·8
Ealing (Borough)	8,781	90,312	116,771	187,323	184,600	51,356	3·6
Edmonton (Borough) ..	3,895	66,807	77,658	104,270	99,200	28,105	3·5
Enfield (Borough)	12,399	60,464	67,752	110,465	109,000	30,876	3·5
Feltham	4,925	11,394	16,066	44,861	48,870	12,931	3·8
Finchley (Borough) ..	3,478	46,628	59,113	69,991	69,860	19,967	3·5
Friern Barnet ..	1,340	17,137	22,715	29,163	28,560	7,644	3·7
Harrow (Borough)	12,555	49,020	96,656	219,494	217,100	63,592	3·4
Hayes and Harlington ..	5,159	9,042	22,969	65,596	65,400	18,009	3·6
Hendon (Borough)	10,369	57,566	115,640	155,857	154,000	43,188	3·6
Heston and Isleworth (Borough)	7,218	47,463	76,254	106,847	105,500	28,752	3·7
Hornsey (Borough)	2,872	87,632	95,416	98,159	97,600	24,107	4·0
Potters Bar ..	6,129	3,222	5,720	17,172	17,790	5,485	3·2
Ruislip–Northwood ..	6,583	9,112	16,035	68,288	72,700	20,876	3·5
Southall (Borough) ..	2,608	30,165	38,839	55,896	53,840	14,169	3·8
Southgate (Borough) ..	3,765	39,525	56,063	73,377	71,870	21,455	3·3
Staines	8,271	17,060	21,336	39,995	42,330	11,650	3·6
Sunbury	5,609	9,902	13,449	23,394	25,460	7,199	3·5
Tottenham (Borough) ..	3,013	146,726	157,667	126,929	122,100	29,452	4·1
Twickenham (Borough) ..	7,014	69,948	79,299	105,663	104,300	29,197	3·6
Uxbridge (Borough) ..	10,240	20,626	31,887	55,960	57,940	15,264	3·8
Wembley (Borough) ..	6,294	18,239	65,799	131,384	129,000	38,350	3·4
Willesden (Borough) ..	4,634	165,742	185,025	179,697	176,000	43,897	4·0
Wood Green (Borough) ..	1,606	50,791	54,308	52,228	50,610	13,965	3·6
Yiewsley and West Drayton	5,276	9,163	13,066	20,468	22,900	6,040	3·8
The County ..	148,688	1,253,002	1,638,728	2,269,315	2,252,000	619,328	3·6

Notes:—

(*a*) The district acreages are given to the nearest whole number, consequently the aggregate does not equal that for the County as a whole.

(*b*) All the census populations have been adjusted to relate to the districts as constituted in 1951.

Table 2

Causes of Death at Different Periods of Life in the Administrative County of Middlesex, 1955

Causes of Death. (1)	All Ages. (2)	0— (3)	1— (4)	5— (5)	15— (6)	25— (7)	45— (8)	65— (9)	75— (10)
1. Tuberculosis—respiratory ..	244	1	—	1	7	46	103	61	25
2. Tuberculosis—other	22	—	2	1	2	3	11	—	3
3. Syphilitic disease	41	—	—	—	—	—	18	12	11
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping cough	1	1	—	—	—	—	—	—	—
6. Meningococcal infections ..	9	1	5	1	—	—	2	—	—
7. Acute poliomyelitis	23	1	3	8	3	7	1	—	—
8. Measles	5	1	3	1	—	—	—	—	—
9. Other infective and parasitic diseases	39	2	1	3	1	7	12	8	5
10. Malignant neoplasm—stomach	611	—	—	—	—	16	204	182	209
11. Malignant neoplasm — lung, bronchus	1,023	—	—	—	1	40	545	318	119
12. Malignant neoplasm—breast	496	—	—	—	—	47	242	118	89
13. Malignant neoplasm—uterus	162	—	—	—	—	18	73	44	27
14. Other malignant and lymphatic neoplasms ..	2,203	1	9	7	20	132	731	642	661
15. Leukaemia aleukaemic ..	101	—	6	6	6	9	41	19	14
16. Diabetes	126	—	—	—	1	4	29	45	47
17. Vascular lesions of nervous system	2,790	—	—	1	5	36	466	811	1,471
18. Coronary disease angina ..	3,507	—	—	—	1	71	1,005	1,216	1,214
19. Hypertension with heart disease	618	—	—	—	—	5	94	187	332
20. Other heart disease	2,736	—	—	1	14	66	346	475	1,834
21. Other circulatory disease ..	1,104	—	—	—	3	23	188	292	598
22. Influenza	83	2	1	3	1	2	21	24	29
23. Pneumonia	1,062	81	10	1	4	15	134	218	599
24. Bronchitis	1,429	16	5	3	1	18	336	467	583
25. Other diseases of the respiratory system	191	4	3	4	4	9	58	48	61
26. Ulcer of stomach and duodenum	272	—	—	—	—	7	56	96	113
27. Gastritis, enteritis and diarrhoea	94	3	3	1	1	9	21	28	28
28. Nephritis and nephrosis ..	150	—	1	4	6	24	43	41	31
29. Hyperplasia of prostate ..	156	—	—	—	—	—	11	24	121
30. Pegnancy, childbirth, abortion	14	—	—	—	3	10	—	—	1
31. Congenital malformations ..	182	114	15	4	3	19	18	5	4
32. Other defined and ill defined diseases	1,757	328	20	18	21	107	349	351	563
33. Motor vehicle accidents ..	229	—	3	12	42	43	56	38	35
34. All other accidents	397	9	13	18	21	47	59	47	183
35. Suicide	219	—	—	—	8	59	100	37	15
36. Homicide and operations of war	14	1	3	2	—	1	4	2	1
All causes	22,110	566	106	100	179	900	5,377	5,856	9,026
Proportionate age group mortality	100	2·6	0·5	0·5	0·8	4·1	24·3	26·5	40·8

Table 3

Vital Statistics, 1955—Health Areas

Health Areas.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Health Areas.
		Live.			Still.			Total.									
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Area 1	208,200	2,470	90	2,560	48	—	48	2,518	90	2,608	12·3	18·4	2,020	9·7	47	18·4	Area 1
Area 2	168,830	1,871	57	1,928	38	1	39	1,909	58	1,967	11·4	19·8	1,945	11·5	39	20·2	Area 2
Area 3	219,700	2,705	161	2,866	54	2	56	2,759	163	2,922	13·0	19·2	2,389	10·9	50	17·4	Area 3
Area 4	223,860	2,688	140	2,828	51	1	52	2,739	141	2,880	12·6	18·1	2,305	10·3	59	20·9	Area 4
Area 5	217,100	2,645	110	2,755	48	2	50	2,693	112	2,805	12·7	17·8	1,945	9·0	47	17·1	Area 5
Area 6	305,000	3,777	239	4,016	81	9	90	3,858	248	4,106	13·2	21·9	2,738	9·0	77	19·2	Area 6
Area 7	251,320	2,986	150	3,136	49	3	52	3,035	153	3,188	12·5	16·3	2,573	10·2	69	22·0	Area 7
Area 8	218,940	3,102	126	3,228	63	5	68	3,165	131	3,296	14·7	20·6	1,732	7·9	64	19·8	Area 8
Area 9	218,090	2,520	130	2,650	46	4	50	2,566	134	2,700	12·2	18·5	2,397	11·0	50	18·9	Area 9
Area 10	220,960	3,104	128	3,232	57	1	58	3,161	129	3,290	14·6	17·6	2,066	9·4	64	19·8	Area 10
The County ..	2,252,000	27,868	1,331	29,199	535	28	563	28,403	1,359	29,762	13·0	18·9	22,110	9·8	566	19·4	The County

Table 4

Vital Statistics, 1955—Sanitary Districts

Sanitary district.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Birth comparability factor.*	Adjusted birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Death comparability factor.*	Adjusted death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Sanitary district.
		Live.			Still.			Total.													
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Acton	66,720	808	42	850	14	1	15	822	43	865	12·7	0·93	11·8	17·3	697	10·4	0·98	10·2	17	20·0	Acton.
Brentford and Chiswick	58,750	728	60	788	16	2	18	744	62	806	13·4	0·93	12·5	22·3	641	10·9	0·95	10·4	10	12·7	Brentford and Chiswick.
Ealing	184,600	2,178	108	2,286	35	2	37	2,213	110	2,323	12·4	0·96	11·9	15·9	1,876	10·2	1·05	10·7	52	22·7	Ealing.
Edmonton	99,200	1,157	41	1,198	26	—	26	1,183	41	1,224	12·1	0·95	11·5	21·2	852	8·6	1·11	9·5	21	17·5	Edmonton.
Enfield	109,000	1,313	49	1,362	22	—	22	1,335	49	1,384	12·5	0·99	12·4	15·9	1,168	10·7	1·08	11·6	26	19·1	Enfield.
Feltham	48,870	759	23	782	11	—	11	770	23	793	16·0	0·99	15·8	13·9	347	7·1	1·48	10·5	12	15·3	Feltham.
Finchley	69,860	856	38	894	21	—	21	877	38	915	12·8	0·95	12·2	23·0	746	10·7	0·89	9·5	19	21·3	Finchley.
Friern Barnet	28,560	306	12	318	5	—	5	311	12	323	11·1	1·05	11·7	15·5	474	16·6	0·94	15·6	8	25·2	Friern Barnet.
Harrow	217,100	2,645	110	2,755	48	2	50	2,693	112	2,805	12·7	1·02	13·0	17·8	1,945	9·0	1·14	10·3	47	17·1	Harrow.
Hayes and Harlington	65,400	886	45	931	21	1	22	907	46	953	14·2	0·94	13·3	23·1	480	7·3	1·50	11·0	19	20·4	Hayes and Harlington.
Hendon	154,000	1,832	102	1,934	30	1	31	1,862	103	1,965	12·6	0·94	11·8	15·8	1,559	10·1	1·04	10·5	40	20·7	Hendon.
Heston and Isleworth	105,500	1,115	49	1,164	20	—	20	1,135	49	1,184	11·0	0·99	10·9	16·9	1,114	10·6	1·03	10·9	28	24·1	Heston and Isleworth.
Hornsey	97,600	1,260	95	1,355	25	1	26	1,285	96	1,381	13·9	0·92	12·8	18·8	1,058	10·8	0·88	9·5	25	18·5	Hornsey.
Potters Bar	17,790	239	3	242	6	—	6	245	3	248	13·6	0·96	13·1	24·2	143	8·0	1·12	9·0	2	8·3	Potters Bar.
Ruislip–Northwood	72,700	891	29	920	14	3	17	905	32	937	12·7	1·01	12·8	18·1	590	8·1	1·17	9·5	21	22·8	Ruislip–Northwood.
Southall	53,840	677	21	698	10	2	12	687	23	710	13·0	0·99	12·9	16·9	642	11·9	1·07	12·7	12	17·2	Southall.
Southgate	71,870	751	25	776	15	—	15	766	25	791	10·8	1·09	11·8	19·0	809	11·3	0·79	8·9	15	19·3	Southgate.
Staines	42,330	708	24	732	24	—	24	732	24	756	17·3	0·96	16·6	31·7	354	8·4	1·11	9·3	14	19·1	Staines.
Sunbury	25,460	427	26	453	11	—	11	438	26	464	17·8	0·94	16·7	23·7	205	8·1	1·12	9·1	9	19·9	Sunbury.
Tottenham	122,100	1,445	66	1,511	29	1	30	1,474	67	1,541	12·4	0·95	11·8	19·5	1,331	10·9	1·03	11·2	25	16·5	Tottenham.
Twickenham	104,300	1,210	55	1,265	11	1	12	1,221	56	1,277	12·1	1·02	12·3	9·4	1,160	11·1	0·92	10·2	29	22·9	Twickenham.
Uxbridge	57,940	956	33	989	16	1	17	972	34	1,006	17·1	0·93	15·9	16·9	502	8·7	1·19	10·4	14	14·2	Uxbridge.
Wembley	129,000	1,352	45	1,397	28	1	29	1,380	46	1,426	10·8	1·00	10·8	20·3	1,045	8·1	1·10	8·9	24	17·2	Wembley.
Willesden	176,000	2,425	194	2,619	53	8	61	2,478	202	2,680	14·9	0·90	13·4	22·8	1,693	9·6	1·08	10·4	53	20·2	Willesden.
Wood Green	50,610	575	17	592	12	1	13	587	18	605	11·7	0·98	11·5	21·4	519	10·3	0·92	9·5	14	23·6	Wood Green.
Yiewsley and West Drayton	22,900	369	19	388	12	—	12	381	19	400	16·9	0·92	15·5	30·0	160	7·0	1·29	9·0	10	25·8	Yiewsley and West Drayton.
The County	2,252,000	27,868	1,331	29,199	535	28	563	28,403	1,359	29,762	13·0	0·97	12·6	18·9	22,110	9·8	1·05	10·3	566	19·4	The County.

* The birth rate is calculated on the total population of the area. Clearly a population with a high proportion of women of child bearing age can be expected to have a higher birth rate than one with a lower proportion of such women even though the fertility rates of women (of the same age) were the same in both populations. Similarly a population with a high proportion of old people can be expected to have a higher death rate than one with a lower proportion of such persons.

The comparability factors are a means of getting over these difficulties for purposes of comparison; the adjusted rates, though useful, are fictitious.

Table 5

Birth Rate

Year.	Live birth rate per 1,000 estimated mid-year population.		
	Middlesex.	London.	England and Wales.
(1)	(2)	(3)	(4)
1946	19·4	21·2	20·2
1947	19·6	21·8	21·1
1948	16·1	18·2	18·1
1949	14·9 (13·9)	16·8 (15·3)	16·9
1950	13·9 (12·8)	15·6 (14·2)	15·9
1951	13·4 (12·3)	15·6 (14·0)	15·5
1952	13·3 (12·2)	15·3 (13·9)	15·3
1953	13·3 (12·9)	15·3 (13·3)	15·5
1954	13·1 (12·7)	15·3 (13·3)	15·2
1955	13·0 (12·6)	15·1 (13·1)	15·0

Notes.—Rates for the years 1946–49 are based on civilian population.

Rates for 1950–1955 are based on home population.

Figures in brackets represent rates, adjusted for valid areal comparisons by Registrar General's comparability factors.

The rates for 1955 are provisional and subject to correction.

Table 6

Premature Births 1955

Area.	Premature births notified (as adjusted by transfers).			Total premature birth rate per 1,000 total births.
	Live births.	Still births.	Total premature births.	
(1)	(2)	(3)	(4)	(5)
1	184	24	208	80
2	129	21	150	76
3	167	34	201	69
4	153	29	182	63
5	145	21	166	59
6	251	47	298	73
7	175	14	189	59
8	228	40	268	81
9	149	21	170	63
10	158	24	182	55
County	1,739	275	2,014	68

Table 7

Infant Mortality

Year.	Middlesex.			London.	England and Wales.
	Live births.	Deaths under one year.	Rate per 1,000 related live births.		
(1)	(2)	(3)	(4)	(5)	(6)
1940	28,873	1,448	50·2	50	55
1941	25,512	1,327	52·0	68	59
1942	33,150	1,558	47·0	60	49
1943	35,339	1,536	43·5	58	49
1944	36,380	1,327	36·5	61	46
1945	33,398	1,296	38·8	53	46
1946	42,108	1,246	29·6	41	43
1947	43,955	1,386	31·5	37	41
1948	36,561	961	26·3	31	34
1949	33,833	818	24·2	29	32
1950	31,524	690	21·9	26	30
1951	30,469	719	23·6	25	30
1952	30,274	635	21·0	23	28
1953	30,039	629	21·0	24	27
1954	29,605	557	18·8	21	25
1955 (*a*)	29,199	566	19·4	23	25

(*a*) 1955 figures provisional.

Table 8

Maternal Mortality

Mortality per 1,000 Total (Live and Still) Births

Year.	Middlesex.		England and Wales Rate.
	Number.	Rate.	
(1)	(2)	(3)	(4)
1947	48	1·07	1·17
1948	34	0·91	1·02
1949	33	0·96	0·98
1950	27	0·84	0·86
1951	17	0·55	0·79
1952	17	0·55	0·72
1953	22	0·72	0·76
1954	16	0·53	0·70
1955 (*a*)	14	0·47	0·64

(*a*) Provisional.

Table 9

Incidence of Sickness in Middlesex Based on First Applications for Sickness Benefit Received by the Ministry of National Insurance

Quarter ending	First applications for sickness benefit.				
	1951.	1952.	1953.	1954.	1955.
(1)	(2)	(3)	(4)	(5)	(6)
March	154,248	107,655	158,416	107,706	138,592
June	66,914	69,520	65,566	64,650	69,430
September	54,265	53,538	54,119	55,975	56,894
December	79,582	94,540	77,857	80,905	95,021
Total for year	355,009	325,253 (*a*)	355,958	309,236	359,937 (*a*)
Number of applications for sickness benefit which might reasonably be expected during 13 weeks of a normal winter period ..	81,700	81,588	66,430	65,936	69,927

(*a*) 53 weeks.

Infectious Diseases

Table 10

Corrected Notifications of Infectious Diseases, 1955.

Boroughs and Urban Districts.	Scarlet fever.	Whooping cough.	Acute poliomyelitis.	Acute polio-encephalitis.	Measles.	Diphtheria.	Acute pneumonia.	Dysentery.	Enteric fever.	Paratyphoid fever.	Erysipelas.	Meningococcal infection.	Puerperal pyrexia.	Ophthalmia neonatorum.	Food poisoning.	Malaria.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
Acton (Borough)	83	55	28	—	647	—	28	5	8	—	3	3	4	8	37	—
Brentford and Chiswick (Borough) ..	48	50	9	1	659	—	17	10	—	—	8	—	6	1	8	—
Ealing (Borough)	118	156	58	—	2,422	—	191	128	1	6	12	3	48	2	11	1
Edmonton (Borough)	64	115	16	—	1,754	—	101	142	—	7	10	2	164	91	15	—
Enfield (Borough)	60	21	22	—	2,200	—	62	12	—	3	12	4	38	17	8	—
Feltham	23	46	7	—	1,023	—	11	9	1	4	5	—	1	1	14	—
Finchley (Borough)	59	18	7	—	1,087	—	47	9	—	2	6	1	38	20	15	—
Friern Barnet	12	47	2	—	462	1	12	1	—	—	4	1	—	—	3	—
Harrow (Borough)	125	246	44	1	3,124	—	110	30	2	6	19	1	1	—	57	1
Hayes and Harlington	117	59	22	—	1,154	—	60	—	—	—	6	—	6	—	8	—
Hendon (Borough)	108	196	54	—	1,952	—	110	28	—	1	21	1	109	18	30	2
Heston and Isleworth (Borough)	74	177	13	1	1,568	—	50	131	—	—	17	—	49	—	45	1
Hornsey (Borough)	36	151	9	—	1,464	—	66	67	—	—	10	—	12	—	22	—
Potters Bar	4	9	1	—	537	—	4	—	—	—	—	1	—	—	3	—
Ruislip–Northwood	41	91	9	5	1,344	—	30	6	—	—	15	—	4	5	13	—
Southall (Borough)	40	109	21	1	1,329	—	145	10	—	—	5	2	2	1	6	1
Southgate (Borough)	30	25	3	—	888	—	32	17	1	4	7	3	—	—	17	—
Staines	44	61	13	—	1,052	—	9	6	—	—	1	—	1	—	7	—
Sunbury	16	35	5	—	288	—	1	2	—	—	—	—	1	—	2	—
Tottenham (Borough)	75	98	19	—	1,837	1	84	52	—	1	9	4	1	—	23	—
Twickenham (Borough)	97	95	16	—	1,107	—	85	33	—	—	8	—	9	5	62	—
Uxbridge (Borough)	30	40	23	5	1,169	—	51	4	2	—	27	1	99	—	1	—
Wembley (Borough)	99	182	35	2	1,443	—	98	18	—	—	11	4	9	4	21	—
Willesden (Borough)	126	171	136	2	2,026	—	116	104	—	4	11	4	147	2	24	—
Wood Green (Borough)	26	28	4	1	635	—	36	34	—	2	2	1	—	—	27	—
Yiewsley and West Drayton	15	86	9	1	809	—	20	38	—	2	1	—	8	—	10	—
The County	1,570	2,367	585	20	33,980	2	1,576	896	15	42	230	36	757	175	489	6

Table 11

Age Distribution of notified Cases (Corrected) and of Deaths, Acute Poliomyelitis, 1955

1955.	Age in years.					All ages.
	Under 1.	1—	5—	15—	25 and over.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Number of cases:—						
First quarter ..	1	2	1	1	1	6
Second quarter ..	—	3	3	5	1	12
Third quarter ..	6	83	144	40	69	342
Fourth quarter ..	10	51	101	22	40	225 (*a*)
Whole year ..	17	139	249	68	111	585 (*a*)
Number of deaths ..	1	3	8	3	8	23

(*a*) Includes 1 case age unknown.

Table 12

Number of Notifications Received of Persons Primarily Vaccinated or Re-Vaccinated during 1955

Area.	Age in years.				
	Under 1.	1—4.	5—14.	15 and over.	All ages.
(1)	(2)	(3)	(4)	(5)	(6)
1	868	104	66	440	1,478
2	684	402	84	330	1,500
3	1,602	66	63	338	2,069
4	1,500	161	151	1,044	2,856
5	1,499	203	184	709	2,595
6	1,405	282	199	915	2,801
7	1,639	311	143	793	2,886
8	1,565	138	125	511	2,339
9	1,296	134	124	489	2,043
10	1,801	213	141	578	2,733
London Airport ..	—	—	—	103	103
The County ..	13,859	2,014	1,280	6,250	23,403

Table 13

Diphtheria

Year. (1)	Cases notified. (2)	Fatal cases. (3)	Number of children under 15 years immunised during the year (primary plus booster injections). (4)
1940	929	42	—
1941	980	59	—
1942	769	53	197,796
1943	618	24	49,830
1944	266	14	23,528
1945	331	19	31,326
1946	350	13	45,857
1947	129	3	48,414
1948	57	5	54,721
1949	23	—	49,083
1950	10	2	40,398
1951	4	—	52,065
1952	2	1	49,951
1953	4	—	50,076
1954	8	1	54,203
1955	2	—	44,298

Table 14

Number of Children Immunised and Given Reinforcing Injections Against Diphtheria during 1955

Area. (1)	Number of children immunised.			Number of children under 15 years of age given reinforcing injections. (5)
	Under 5 years. (2)	5–14 years. (3)	Total, aged 0–14 years. (4)	
1	2,047	239	2,286	3,498
2	1,448	320	1,768	3,126
3	2,249	292	2,541	1,485
4	2,017	103	2,120	2,603
5	2,212	100	2,312	773
6	2,202	139	2,341	1,274
7	2,003	176	2,179	3,113
8	2,141	104	2,245	2,149
9	1,870	70	1,940	1,293
10	2,214	212	2,426	2,826
County ..	20,403	1,755	22,158	22,140

Table 15

Number of Children who had been Immunised against Diphtheria up to 31st December, 1955

Area.	Number of children protected to date according to age and year of primary or secondary injections.						
	Under 5.	Age 5–14 years.			Total under 15 years.		
	Immunised 1951—1955.	Immunised 1951—1955.	Immunised 1950 or before.	Total Immunised 1955 or before.	Immunised 1951—1955.	Immunised 1950 or before.	Total Immunised 1955 or before.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	7,932	18,335	11,344	29,679	26,267	11,344	37,611
2	5,716	17,422	7,016	24,438	23,138	7,016	30,154
3	8,394	10,145	15,331	25,476	18,539	15,331	33,870
4	8,547	15,882	15,176	31,058	24,429	15,176	39,605
5	8,182	6,703	21,939	28,642	14,885	21,939	36,824
6	8,691	17,235	25,192	42,427	25,926	25,192	51,118
7	9,718	18,879	13,778	32,657	28,597	13,778	42,375
8	8,916	15,248	16,573	31,821	24,164	16,573	40,737
9	7,185	10,287	14,495	24,782	17,472	14,495	31,967
10	8,727	14,832	15,501	30,333	23,559	15,501	39,060
County ..	82,008	144,968	156,345	301,313	226,976	156,345	383,321
Estimated mid-year child population ..	145,000		313,000			458,000	
Percentage of protected population in age group	56·6	46·3	50·0	96·3	49·6	34·1	83·7

Tuberculosis

Table 16

Summary of Work of Chest Clinics, 1955

(1)	Ashford. (2)	Ealing. (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	The County. (13)
Population in area served (approx.)	159,420	251,320	222,560	208,200	267,890	197,560	225,790	17,790	172,710	272,780	255,980	2,252,000
Persons examined for the first time during the year	3,282	3,863	9,439	4,269	4,737	9,558	3,483	223	5,642	6,490	2,638	53,624
Persons seen for the first time found to be tuberculous	77	274	171	179	181	160	165	8	163	197	202	1,777
New contacts seen for the first time during the year	582	476	2,562	973	1,101	1,023	929	45	1,064	1,281	813	10,849
New contacts found to be tuberculous	8	24	4	14	27	10	21	—	14	12	16	150
Cases on register at 31st December, 1955	1,155	2,637	1,788	1,986	2,116	1,985	2,137	148	2,139	2,637	2,639	21,367
Home visits by tuberculosis visitors during 1955 (*a*) ..	1,734	4,795	4,478	3,563	4,882	3,181	5,732	440	2,499	6,166	5,155	42,625

(*a*) Effective visits only. These should not be compared with previous years when *total* visits were shown.

Table 17

Summary of the Work of Tuberulosis Welfare Officers, 1955

(1)	Ashford. (2)	Ealing. (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	County. (13)
Patients dealt with by the Welfare Officer	406	914	761	1,072	750	510	1,028	7	914	1,048	929	8,339
Patients who consulted the Welfare Officer regarding employment or training	48	129	135	202	78	103	197	—	169	147	84	1,292
Number for whom employment or training was found	29	101	96	169	74	77	192	—	141	152	67	1,098
Individual patients referred to the National Assistance Board for grants for:—												
(*a*) Bedding	4	9	5	8	1	1	9	1	14	8	8	68
(*b*) Clothing	11	19	20	21	9	10	12	1	26	16	19	164
(*c*) Extra nourishment	12	24	19	9	4	13	15	1	48	11	29	185
(*d*) Any other purpose	68	122	90	191	56	62	81	—	136	120	136	1,062
Total individual patients referred to the National Assistance Board ..	90	139	111	195	67	82	113	2	179	148	167	1,293
Cases recommended for re-housing	22	114	78	55	68	20	54	—	161	49	53	674
Families re-housed	8	44	22	21	8	18	31	—	62	30	13	257
Contacts first received into care by the Children's Officer during the year:—												
(*a*) For B.C.G. vaccination only ..	3	1	—	3	4	4	—	—	2	3	—	29 (*a*)
(*b*) Otherwise than for B.C.G. vaccination only ..	3	2	3	3	—	—	3	—	3	3	1	21

(*a*) Includes 9 contacts referred from other sources.

Table 18

New Cases of, and Deaths from Tuberculosis, Notified to Medical Officers of Health during 1955, Classified into Age Groups

Age in years.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Under 1 ..	7	1	—	3	1	—	—	—
1—	17	19	7	7	—	—	2	—
5—	20	19	10	9	—	1	—	1
10—	11	16	9	6				
15—	66	88	12	3	2	5	1	1
20—	118	148	13	15				
25—	202	198	17	25	29	17	3	—
35—	164	96	11	22				
45—	164	60	11	12	78	25	7	4
55–65	141	32	7	8				
Over 65 ..	90	29	5	9	68	18	1	2
All Ages ..	1,000	706	102	119	178	66	14	8

Table 19

Notification of Tuberculosis Cases and Deaths, 1924–1955

Year.	Estimated County civilian population (mid-year).	Formal notifications.						Deaths registered.					
		All forms.		Pulmonary.		Non-pulmonary.		All forms.		Pulmonary.		Non-pulmonary.	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1924	1,289,320	1,982	1·54	1,635	1·27	347	·27	1,188	·92	986	·76	202	·16
1925	1,302,950	1,982	1·52	1,630	1·25	352	·27	1,097	·84	922	·71	175	·13
1926	1,325,260	2,009	1·52	1,655	1·25	354	·27	1,138	·86	944	·71	194	·15
1927	1,352,040	2,015	1·50	1,621	1·20	394	·30	1,193	·88	1,024	·76	169	·12
1928	1,416,600	1,819	1·28	1,478	1·04	341	·24	1,071	·76	909	·64	162	·12
1929	1,458,810	1,911	1·31	1,606	1·10	305	·21	1,215	·83	1,058	·73	157	·10
1930	1,560,120	2,015	1·29	1,623	1·04	392	·25	1,164	·75	981	·63	183	·12
1931	1,639,300	2,120	1·29	1,749	1·07	371	·22	1,160	·71	989	·60	171	·11
1932	1,702,530	2,108	1·24	1,733	1·02	375	·22	1,144	·67	965	·57	179	·10
1933	1,756,820	2,082	1·19	1,750	1·00	332	·19	1,224	·70	1,046	·60	178	·10
1934	1,810,200	2,098	1·16	1,767	0·98	331	·18	1,266	·70	1,086	·60	180	·10
1935	1,866,800	2,151	1·15	1,826	0·98	325	·17	1,187	·64	1,028	·55	159	·09
1936	1,940,400	2,151	1·11	1,833	0·94	318	·17	1,257	·65	1,096	·56	161	·09
1937	2,014,500	2,312	1·15	1,932	0·96	380	·19	1,177	·58	1,008	·50	169	·08
1938	2,058,300	2,469	1·20	2,048	0·99	421	·21	1,109	·54	932	·45	177	·09
1939	2,056,100	2,313	1·12	1,952	0·95	361	·17	1,174	·57	1,012	·49	162	·08
1940	1,952,100	2,410	1·23	2,043	1·04	367	·19	1,217	·62	1,055	·54	162	·08
1941	1,874,900	2,804	1·49	2,435	1·29	369	·20	1,326	·70	1,154	·61	172	·09
1942	1,929,900	3,081	1·60	2,617	1·36	468	·24	1,204	·62	1,040	·54	164	·08
1943	1,938,000	3,110	1·60	2,675	1·38	435	·22	1,191	·61	1,042	·54	149	·07
1944	1,902,500	2,944	1·54	2,595	1·36	349	·18	1,066	·56	920	·48	146	·08
1945	1,958,000	2,879	1·47	2,504	1·28	375	·19	1,035	·53	900	·46	135	·07
1946	2,178,010	3,018	1·38	2,668	1·22	350	·16	1,039	·48	894	·41	145	·07
1947	2,248,180	3,010	1·34	2,704	1·20	306	·14	962	·43	855	·38	107	·05
1948	2,262,700	3,185	1·41	2,828	1·25	357	·16	907	·40	790	·35	117	·05
1949	2,273,180	3,021	1·33	2,746	1·21	275	·12	852	·38	765	·34	87	·04
1950	2,287,390*	2,776	1·21	2,477	1·08	299	·13	622	·27	567	·25	55	·02
1951	2,268,000*	2,727	1·20	2,416	1·07	311	·14	582	·26	528	·23	54	·02
1952	2,270,000*	2,474	1·09	2,208	0·97	266	·12	437	·19	386	·17	51	·02
1953	2,259,700*	2,507	1·11	2,264	1·00	243	·11	362	·16	327	·14	35	·02
1954	2,256,000*	2,147	0·95	1,925	0·85	222	·10	320	·14	292	·13	28	·01
1955	2,252,000*	1,927	0·86	1,706	0·76	221	·10	266	·12	244	·11	22	·01

All rates are per 1,000 population.

* Home population.

Venereal Disease

Table 20

Middlesex Patients Treated at Hospitals

Persons dealt with at clinics for the first time and found to be suffering from	1946.	1947.	1948.	1949.	1950.	1951.	1952.	1953.	1954.	1955.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Syphilis	705	682	533	385	356	279	235	195	148	172
Gonorrhoea ..	1,116	838	725	539	485	426	490	618	412	502
Other conditions ..	4,859	4,297	4,400	3,860	3,925	3,029	2,977	3,336	2,730	3,165
Totals	6,680	5,817	5,658	4,784	4,766	3,734	3,702	4,149	3,290	3,839

Health Control of London Airport

Table 21

Work Carried out during 1955

Planes arriving	30,741
Passengers arriving:—	
British	566,623
Alien	352,970
Total	919,593
Planes issued with disinsectisation certificates	2,653
Sick passengers needing ambulance or car arrangements	1,313
Vaccinations carried out	103
Aliens inspected under Aliens Order	2,236
Aliens refused entry on medical certificate	4
Notifications sent to medical officers of health for surveillance of passengers ..	75

TABLE 22

Place of departure of planes arriving at London Airport.	1st January to 30th June, 1955. Number of		1st July to 31st December, 1955. Number of		Total, 1955.	
	Aircraft.	Passengers.	Aircraft.	Passengers.	Aircraft.	Passengers.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Excepted Area	5,003	163,711	6,604	216,558	11,607	380,269
Europe outside Excepted Area	5,134	139,358	7,023	204,170	12,157	343,528
North America	1,325	38,069	1,650	45,157	2,975	83,226
Central and South America	126	3,641	127	4,055	253	7,696
Africa	955	27,834	1,056	29,702	2,011	57,536
Asia	793	20,372	945	26,966	1,738	47,338
Total	13,336	392,985	17,405	526,608	30,741	919,593

Maternal and Child Health

TABLE 23

ANTE-NATAL CLINICS PROVIDED BY COUNTY COUNCIL

Area.	Number of clinics provided at end of 1955 (whether held at infant welfare centres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during 1955.
			Number of women who attended during 1955.	Number of new cases included in column (4), *i.e.*, who had not previously attended an ante-natal clinic during current pregnancy.	
(1)	(2)	(3)	(4)	(5)	(6)
1	9	52	1,689	1,260	9,316
2	8	38	998	861	5,673
3	9	107 (*a*)	2,874 (*a*)	2,003 (*a*)	16,009 (*a*)
4	9	56	1,727	1,348	7,931
5	16	66	1,891	1,413	8,390
6	15	112	3,173	2,921	15,885
7	13	98	2,699	2,488	15,183
8 (*b*) ..	13	60	1,946	1,549	7,363
9	8	44	1,452	1,052	5,953
10	14	52	1,834	1,418	7,189
COUNTY ..	114	685 (*a*)	20,283 (*a*)	16,313 (*a*)	98,892 (*a*)

(*a*) Includes 30 sessions at which a consultant is provided by the Regional Hospital Board.
(*b*) Numbers include one mobile unit.

Table 24

Post-Natal Clinics Provided by County Council

Area.	Number of clinics provided at end of 1955 (whether held at infant welfare centres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during 1955.
			Number of women who attended during 1955.	Number of new cases included in column (4), *i.e.*, who had not previously attended a post-natal clinic after last confinement.	
(1)	(2)	(3)	(4)	(5)	(6)
1	1	4	759 (279)	672 (242)	1,279 (337)
2	—	—	365 (365)	365 (365)	413 (413)
3	—	—	1,190 (1,190) (*a*)	1,187 (1,187) (*a*)	1,261 (1,261) (*a*)
4	—	—	237 (237)	228 (228)	252 (252)
5	—	—	245 (245)	229 (229)	276 (276)
6	4	5	546 (158)	357 (157)	578 (177)
7	—	—	191 (191)	188 (188)	200 (200)
8	1	1	178 (163)	165 (150)	204 (184)
9	—	—	115 (115)	115 (115)	132 (132)
10	—	—	237 (237)	232 (232)	271 (271)
County ..	6	10	4,063 (3,180) (*a*)	3,738 (3,093) (*a*)	4,866 (3,503) (*a*)

The figures in brackets indicate the number of women examined post-natally at ante-natal clinics, and are included in the main post-natal figures.

(*a*) Includes cases seen by a consultant provided by the Regional Hospital Board.

Table 25

Child Welfare Centres Provided by County Council

Area.	Number of centres provided at end of 1955.	Number of child welfare sessions now held per month at centres in column (2).	Number of children who first attended a centre during 1955, and who at their first attendance were under 1 year of age.	Number of children who attended during 1955 and who were born in:			Total number of children who attended during 1955.	Number of attendances during 1955 made by children who at the date of attendance were:			Total attendances during 1955.
				1955.	1954.	1953–50.		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	13	96	2,208	1,951	1,700	2,262	5,913	34,061	8,946	9,764	52,771
2	13	108	1,869	1,704	1,636	3,630	6,970	28,418	9,639	12,744	50,801
3	9	155	2,709	2,426	2,030	4,472	8,928	40,354	7,176	7,563	55,093
4	15	112	2,483	2,260	2,190	4,157	8,607	39,015	11,419	13,364	63,798
5	17	115	2,427	2,202	1,969	3,564	7,735	39,697	6,722	6,923	53,342
6	14	176	3,743	3,219	2,446	2,846	8,511	50,121	8,701	8,100	66,922
7	15	152	2,846	2,590	2,378	4,446	9,414	44,921	9,288	10,236	64,445
8 (*a*) ..	19	158	2,712	2,633	2,223	3,842	8,698	45,552	9,110	11,635	66,297
9	9	94	2,410	2,054	1,819	2,557	6,430	33,660	5,917	5,776	45,353
10	16	135	2,714	2,640	2,447	4,155	9,242	42,757	10,533	13,014	66,304
County ..	140	1,301	26,121	23,679	20,838	35,931	80,448	398,556	87,451	99,119	585,126

Note.—The following figures relate to child welfare centres held at Queen Charlotte's Hospital and at the R.A.F. Station, Stanmore, at each of which the County Council provides a health visitor only. (The figures are *not* included in the main table.)

Queen Charlotte's Hospital ..	1	4	27	24	38	26	88	490	127	58	675
R.A.F., Stanmore	1	4	26	24	25	26	75	390	135	114	639

(*a*) Numbers include one mobile clinic.

Table 26

Priority Dental Service 1955

Expectant and Nursing Mothers

Area.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anaesthetics.		Fillings.	Scalings or scaling and gum treatment.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1 ..	398	371	300	256	856	541	55	191	260	116	60	4	44	70
2 ..	153	147	185	91	707	277	75	77	274	135	95	1	27	49
3 ..	271	260	240	67	984	352	142	48	417	136	143	15	46	57
4 ..	255	243	388	196	1,699	607	220	158	894	122	273	89	49	88
5 ..	180	177	186	121	643	210	46	70	337	101	130	8	17	26
6 ..	531	521	544	296	2,139	653	219	138	1,409	395	331	20	57	83
7 ..	407	395	396	239	1,607	468	392	96	998	277	226	129	46	61
8 ..	416	391	351	199	1,512	609	288	157	761	209	177	90	41	52
9 ..	329	324	427	234	1,708	673	232	203	953	222	321	130	54	99
10 ..	714	683	651	503	2,916	1,273	525	238	1,310	233	462	531	123	185
County	3,654	3,512	3,668	2,202	14,771	5,663	2,194	1,376	7,613	1,946	2,218	1,017	504	770

Children under Five Years

Area.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment	Extractions.	Anaesthetics.		Fillings.	Silver nitrate dressings.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15
1 ..	559	485	454	242	859	453	4	272	131	1,504	27	1	—	—
2 ..	544	457	540	419	1,308	419	16	207	646	750	209	3	—	—
3 ..	657	624	573	317	1,606	479	77	203	1,246	512	519	1	—	—
4 ..	479	398	619	403	1,872	730	11	415	1,196	294	368	8	—	—
5 ..	532	520	517	486	1,231	393	6	214	961	540	333	3	—	—
6 ..	1,168	987	1,069	951	2,681	933	12	463	2,125	1,039	417	4	—	—
7 ..	753	682	620	486	1,548	891	14	370	1,073	366	370	—	—	—
8 ..	710	636	592	535	1,703	463	133	189	1,257	456	308	2	—	—
9 ..	578	548	711	437	1,520	1,048	7	510	548	1,043	313	4	—	—
10 ..	1,160	894	970	896	2,299	1,023	34	532	1,501	575	678	5	—	—
County	7,140	6,231	6,665	5,172	16,627	6,832	314	3,375	10,684	7,079	3,542	31	—	—

Table 27

Care of Premature Infants, 1955

Area.	Number of premature babies born alive to mothers normally resident in the County, but excluding babies born in maternity homes or hospitals in the National Health Service.		Born at home and nursed entirely at home.			Born at nursing homes and nursed entirely at nursing homes.		
	Born at home.	Born in private nursing homes.	Number born.	Died during first 24 hours.	Survived to end of 28 days.	Number born.	Died during first 24 hours.	Survived to end of 28 days.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	45	1	42	—	40	1	—	1
2	29	3	25	—	25	3	—	3
3	13	1	12	—	12	1	—	1
4	22	8	19	—	19	5	—	5
5	16	5	15	1	14	5	—	5
6	45	3	35	—	34	1	—	1
7	22	2	16	—	16	1	—	1
8	45	2	38	—	37	2	—	2
9	14	1	9	—	9	1	—	1
10	25	3	23	1	22	3	—	3
County	276	29	234	2	228	23	—	23

Table 28

Mother and Baby Homes

Name and address of home or hostel.	Number of beds.				Average length of stay. (weeks).	
	Total beds (excluding maternity andlabour and cots).	Maternity (excluding labourand isolation).	Labour beds.	Cots.	Ante-natal.	Post-natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
A.—Provided by the County Council.						
"Amherst Lodge," 47, Amherst Road, Ealing, W.13 ..	24	—	—	11	$5\frac{1}{7}$	$8\frac{4}{7}$
"Belle Vue," 167, Willesden Lane, Kilburn, N.W.6 ..	12	—	—	12	—	$5\frac{4}{7}$
"Red Gables," 113, Crouch Hill, Hornsey, N.8.. ..	15	—	—	15	—	$5\frac{4}{7}$
B.—Provided or used by Voluntary Organisations with which the County Council makes arrangements under Section 22.						
"Maryland," The Downage, Hendon, N.W.4	14	—	—	14	—	6
"The Heath," 16, The Park, Golders Green, N.W.11 ..	14	—	—	—	5	—
"Beacon Lodge," 25, Eastern Road, Finchley, N.2 ..	14	2	1	14	6 (*a*)	6 (*a*)

Total number of women admitted during the year to homes and hostels shown above (ignoring re-admissions to the same home after confinement) .. .. .. 612 (*b*)

Number of admissions for which the County Council was responsible 612

Number of cases sent by the County Council during the year to mother and baby homes other than those mentioned above:—

Expectant mothers 158

Post-natal cases 44

(*a*) Relates to the 37 Middlesex cases only.

(*b*) Excludes cases from authorities other than Middlesex admitted to Beacon Lodge.

Table 29

Day Nurseries Provided by County Council as at 31st December, 1955

Area.	Number.	Number of approved places.	Number of children on the register at the end of the year.		Average daily attendance during the year.	
			Age.		Age.	
			Under 2 years.	2–5.	Under 2 years.	2–5.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	2	120	20	57	14·7	40·5
2	1	50	6	23	6·6	19·6
3	3	168	39	111	39·2	82·5
4	4	175	41	111	24·9	74·9
5	2	110	18	55	15·9	43·3
6	11	540	253	291	180·5	228·9
7	7	317	60	162	52·6	130·0
8	5	210	37	92	32·2	84·3
9	3	121	18	55	21·2	48·2
10	3	150	22	77	18·8	52·8
County ..	41	1,961	514	1,034	406·7	805·0

Table 30

Administration of Analgesics

Area.	Number of midwives in practice in the County qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board.			Number of sets of apparatus for the administration of inhalational analgesics in use by domiciliary midwives employed by the County Council.		Number of cases in which analgesics were administered by midwives in domiciliary practice during the year.		
	Domiciliary.	In institutions.	Total.	Gas and air.	Trilene.	Gas and air.	Trilene.	Pethidine.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1 ..	16	44	60	19	1	664	16	488
2 ..	9	2	11	8	1	311	16	239
3 ..	9	9	18	9	1	327	13	176
4 ..	12	40	52	16	1	481	1	387
5 ..	11	5	16	14	1	546	18	212
6 ..	10	57	67	11	1	542	—	240
7 ..	11*	22	33*	11	1	493	19	169
8 ..	16	31	47	16	—	878	—	396
9 ..	12*	57	69*	8	1	363	7	228
10 ..	18	16	34	18	1	770	3	338
County ..	122	283	405	130	9	5,375	93	2,873

* Including 2 midwives who practise in both areas 7 and 9.

Table 31

Midwifery

Area.	Number of midwives practising in the area of the Local Supervising Authority at 31st December, 1955, and the number of maternity cases in the County attended by midwives during the year.																											
	Midwives employed by the County Council.						Midwives employed by voluntary organisations, otherwise than under arrangements with the local health authority, including hospitals not transferred to the Minister under the National Health Service Act.						Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.						Midwives in private practice (including midwives employed in nursing homes).						Total.					
	Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
1	17 (1)	815	—	—	17 (1)	815	—	—	—	—	—	—	—	—	43	2,617	43	2,617	—	—	4	141	4	141	17 (1)	815	47	2,758	64 (1)	3,573
2	9 (1)	394	—	—	9 (1)	394	—	—	—	—	—	—	4	—	—	—	—	4	4	6	3	36	7	42	13 (1)	404	3	36	16 (1)	440
3	9 (1)	421	—	—	9 (1)	421	—	—	2	49	2	49	—	6	7	599	7	605	1	4	—	—	1	4	10 (1)	431	9	648	19 (1)	1,079
4	12 (1) [5]	542	—	—	12 (1) [5]	542	—	—	—	—	—	—	—	—	41	2,152	41	2,152	3	—	4	73	7	73	15 (1) [5]	542	45	2,225	60 (1) [5]	2,767
5	12 (1)	588	—	—	12 (1)	588	—	—	—	—	—	—	—	—	—	—	—	—	—	9	9	219	9	228	12 (1)	597	9	219	21 (1)	816
6	11 (1)	620	—	—	11 (1)	620	—	—	—	—	—	—	—	—	57	3,007	57	3,007	2	—	—	—	2	—	13 (1)	620	57	3,007	70 (1)	3,627
7	9 (1)	448	—	—	9 (1)	448	—	—	—	—	—	—	2*	110	18	1,125	20*	1,235	1	1	5	89	6	90	12 (1)*	559	23	1,214	35 (1)*	1,773
8	17 (1) [1]	952	—	—	17 (1) [1]	952	—	—	—	—	—	—	—	—	33	1,729	33	1,729	—	11	2	19	2	30	17 (1) [1]	963	35	1,748	52 (1) [1]	2,711
9	9 (1)	318	—	—	9 (1)	318	—	—	—	—	—	—	4*	109	58	2,762	62*	2,871	—	2	1	36	1	38	13 (1)*	429	59	2,798	72 (1)*	3,227
10	18 (1)	908	—	—	18 (1)	908	—	—	—	—	—	—	—	—	14	706	14	706	—	—	4	47	4	47	18 (1)	908	18	753	36 (1)	1,661
County ..	123 (10) [6]	6,006	—	—	123 (10) [6]	6,006	—	—	2	49	2	49	4	229	271	14,697	275	14,926	11	33	32	660	43	693	138 (10) [6]	6,268	305	15,406	443 (10) [6]	21,674

1. *Number of midwives.* 2. *Number of cases attended.*

The figures in parentheses ( ) show the number of non-medical supervisory staff. The figures in brackets [ ] relate to part-time midwives.

All figures in brackets and parentheses are included in main totals.

* 2 midwives employed by Queen Charlotte's Hospital practise in both Areas 7 and 9.

TABLE 32

HEALTH VISITING. (*See* note (*b*))

Area.	Number of health visitors employed at 31st December, 1955.		Equivalent of whole-time services devoted by health visitors included in column (3) to services provided under the National Health Service Act. (*a*)	Number of visits paid by health visitors shown in column (4) during 1955.								Number of families visited during 1955. (*c*)
				Expectant mothers.		Children under 1 year of age.		Children age 1 but under 2.	Children age 2 but under 5.	Other Classes.	All Classes.	
	Whole-time on health visiting.	Part-time on health visiting. (*a*)		First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits. (*c*)	Total visits. (*c*)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1 ..	—	16 (2)	12·5 (1·0)	424	616	2,479	9,535	4,395	8,745	955	24,246	10,082
2 ..	—	25 (2)	16·8 (1·7)	606	1,360	1,921	11,359	6,407	12,627	4,060	35,813	8,902
3 ..	—	29 (1)	24·4 (0·7)	1,858	2,955	3,149	15,392	7,046	13,953	4,686	44,032	8,987
4 ..	—	25 (2)	15·1 (1·3)	837	1,213	2,589	8,865	4,101	8,661	1,343	24,183	8,981
5 ..	—	20 (2)	17·2 (1·7)	1,159	1,789	2,655	10,036	5,222	10,078	671	27,796	8,933
6 ..	—	32 (2)	20·2 (1·2)	1,935	3,185	4,041	14,918	7,880	13,888	2,130	42,001	13,014
7 ..	—	26 (2)	18·8 (1·5)	659	967	3,100	14,904	7,727	14,220	3,164	40,982	11,680
8 ..	—	26 (1)	21·4 (0·9)	1,510	2,520	3,425	13,766	6,681	12,280	2,164	37,411	11,239
9 ..	—	23 (2)	18·7 (1·6)	1,353	2,177	2,631	15,138	7,750	18,541	1,643	45,249	9,662
10 ..	—	30 (2)	20·3 (1·4)	793	1,178	3,468	13,387	6,737	13,789	1,075	36,166	8,833
COUNTY ..	—	252 (18)	185·4 (13·0)	11,134	17,960	29,458	127,300	63,946	126,782	21,891	357,879	100,313

(*a*) Figures in parentheses relate to superintendents and deputy superintendents which are included in the total.
(*b*) This table excludes tuberculosis health visitors and their visits. (*See* Table 16.)
(*c*) This table excludes visits to families by the health visitor/school nurses whilst acting solely in their capacity as school nurses.

Table 33

Home Nursing

Areas.	Number of home nurses employed at 31st December, 1955.			Medical.		Surgical.		Infectious diseases.		Tuberculosis.		Maternal complications.		Others.		Totals.		Patients included in column (17) who were 65 or over at the time of the first visit during 1955.		Children included in column (17) who were under 5 at the time of the first visit during 1955.		Patients included in column (17) who have had more than 24 visits during 1955.	
	Whole-time on home nursing.	Part-time on home nursing.	Equivalent of whole-time to home nursing service.	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*	*a.*	*b.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
1 ..	26 (1)	1 (1)	26·5	2,656	60,880	320	11,258	3	28	203	6,656	56	725	—	—	3,238	79,547	1,314	43,879	60	278	574	63,245
2 ..	20	8 (1)	24·5	2,836	80,833	122	3,248	14	157	77	3,400	35	448	—	—	3,084	88,086	1,731	58,101	67	477	857	67,245
3 ..	20	9 (1)	25·5	3,157	76,572	238	6,410	1	4	143	4,630	20	158	—	—	3,559	87,774	1,999	57,202	79	355	860	68,121
4 ..	17 (1)	19 (1)	28·1	3,606	86,286	501	13,930	32	358	129	3,659	36	309	41	566	4,345	105,108	2,194	72,822	159	1,125	955	78,376
5 ..	20	9 (1)	25·5	2,951	57,882	227	4,182	4	33	114	2,695	25	157	—	—	3,321	64,949	1,469	39,755	61	359	685	47,887
6 ..	31 (2)	10 (1)	36·9	6,012	131,622	941	21,202	26	132	197	5,445	48	330	3	23	7,227	158,754	3,178	105,637	295	2,055	1,489	109,806
7 ..	29 (1)	13 (1)	35·7	4,723	103,902	259	7,656	23	161	154	6,715	68	485	23	96	5,250	119,015	2,369	73,851	153	649	1,179	93,140
8 ..	23	6 (1)	26·5	2,491	62,761	487	12,450	87	851	191	6,388	30	241	16	110	3,302	82,801	1,471	49,151	114	746	938	64,893
9 ..	29	1 (1)	29·5	3,202	80,864	260	7,333	17	90	176	7,076	35	235	7	7	3,697	95,605	1,941	63,127	93	622	965	74,494
10 ..	30	2 (1)	31·1	3,786	82,827	191	5,786	22	215	199	8,031	47	288	7	11	4,252	97,158	2,020	61,244	130	1,129	958	75,764
County ..	245 (5)	78 (10)	289·8	35,420	824,429	3,546	93,455	229	2,029	1,583	54,695	400	3,376	97	813	41,275	978,797	19,686	624,769	1,211	7,795	9,460	742,971

a. Numbers of cases attended by home nurses during the year.

b. Numbers of visits paid by home nurses during the year.

The figures in parentheses relate to supervisors and are included in the total.

Table 34

Domestic Help

Area.	Number of home helps employed at 31st December, 1955.		Equivalent of whole-time services devoted by home helps in columns 2 and 3.	Number of cases in which domestic help was provided during 1955.				
	Whole-time.	Part-time.		Maternity (including expectant mothers).	Tuberculosis.	Chronic sick including aged and infirm.	Others.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	7	118	82·2	159	115	598	214	1,086
2	1	103	61·9	151	39	624	318	1,132
3	6	169	102·2	114	72	1,265	172	1,623
4	8	43	35·9	210	66	448	342	1,066
5	3	45	31·7	265	46	390	226	927
6	4	128	87·4	184	91	861	393	1,529
7	8	214	148·1	187	88	1,172	372	1,819
8	24	132	98·0	284	79	330	422	1,115
9	17	143	109·1	166	41	1,043	212	1,462
10	6	113	83·4	217	67	678	344	1,306
County	84	1,208	839·9	1,937	704	7,409	3,015	13,065

Mental Deficiency

Table 35

Ascertainment

Particulars of cases reported during 1955.	Males.	Females.	Total.
(*a*) Cases at 31st December ascertained to be defectives "subject to be dealt with":—			
Action taken on reports by:—			
(i) Local education authorities on children:—			
While at school or liable to attend school ..	43	36	79
On leaving special schools	39	36	75
On leaving ordinary schools..	—	2	2
(ii) By police or by courts	6	3	9
(iii) Other sources	22	21	43
(*b*) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	21	22	43
(*c*) Cases reported but not confirmed as defectives by 31st December and thus excluded from (*a*) or (*b*)	21	33	54
Total number of cases reported during the year..	152	153	305

Table 36

Disposal of Cases Reported During 1955

Disposal of cases.	Males.	Females.	Total.
(*a*) Of the cases ascertained to be defectives "subject to to dealt with":—			
(i) Placed under statutory supervision	98	85	183
(ii) Placed under guardianship	2	2	4
(iii) Taken to "places of safety"	—	—	—
(iv) Admitted to hospitals	10	11	21
(*b*) Of the cases not ascertained to be defectives "subject to be dealt with":—			
(i) Placed under voluntary supervision	7	4	11
(ii) Action unnecessary	14	18	32
Total	131	120	251

Table 37

Particulars of Mental Defectives on Registers at 31st December, 1955

Mental Defectives.	Males.	Females.	Total.
(*a*) Number of ascertained mental defectives found to be "subject to be dealt with":—			
(i) Under statutory supervision:—			
Under 16 years of age	324	284	608
Age 16 years and over	681	651	1,332
(ii) Under guardianship:—			
Under 16 years of age	30	24	54
Age 16 years and over	156	180	336
(iii) In places of safety:—			
Under 16 years of age	—	—	—
Age 16 years and over	1	—	1
(iv) In hospitals:—			
Under 16 years of age	274	153	427
Age 16 years and over	1,184	1,119	2,303
(*b*) Number of cases not ascertained to be defectives "subject to be dealt with," under voluntary supervision:—			
Under 16 years of age	4	8	12
Age 16 years and over	271	329	600
Total	2,925	2,748	5,673

Table 38

Guardianship

Cases admitted to guardianship orders:—	
By petition or varying orders	29
By Order of the Court	—
Total	29
Cases transferred:—	
From one guardian to another	16
From guardianship to institution	24
Total	40
Cases discharged from guardianship orders:—	
By operation of law	29
By authority of the Board of Control	17
By authority of the Middlesex Visitors	—
Total	46
Leaves of absence granted	62
Orders reconsidered and confirmed	112
Cases transferred to Lunacy Act	1
Deaths	4

Table 39

Institutional Care, 1955

Cases admitted to hospitals	205*
Cases in hospitals on 31st December, 1955	2,730
Detention orders obtained (Section 6)	90
Cases detained by court order (Section 8)	11
Cases detained by Home Office order (Section 9)	4
Cases admitted under Section 3 orders	76
Cases admitted to approved homes	—
Cases admitted to places of safety	26
Cases discharged from orders	43
Cases discharged from approved homes	—
Cases discharged from places of safety	6
Cases discharged from Section 3 order	3
Cases transferred from one institution to another	23
Cases transferred from one place of safety to another	—
Cases discharged to Lunacy Acts	1
Holiday leaves of absence granted	404
Revision of detention orders (home conditions reports)	769
Cases on licence as at 31st December, 1955	80†
Deaths	63
Cases admitted to regional hospital board institutions under para. 4 Ministry of Health Circular 5/52	50
Cases admitted to private homes under para. 2 Ministry of Health Circular 5/52	29

* Includes 24 cases transferred from guardianship to institution. (*See* Table 38.)
† Excludes 50 cases from other authorities.

Table 40

Work of Mental Welfare Officers and Lady Supervision Officers

Lunacy and Mental Treatment Acts.	
Visits made by mental welfare officers (duly authorised) for all divisions	14,167
Admission to designated hospitals by mental welfare officers (duly authorised)	1,993
Number of patients certified under the Lunacy Acts	1,352
Admissions to mental hospital by mental welfare officers (duly authorised) under temporary certification	229
Admissions of voluntary patients to mental hospitals assisted by mental welfare officers (duly authorised)	1,314
Mental Deficiency Acts.	
Visits to defectives under County Council's community care:—	
(i) Statutory supervision	4,502
(ii) Voluntary supervision	439
(iii) Guardianship	938
(iv) Miscellaneous	1,443
Visits in connection with institutional cases:—	
(i) Leave and licence	793
(ii) Section 11	954
(iii) Miscellaneous	152
Visits to defectives on behalf of other local health authorities	26
	9,247

Ambulance Service

Table 41

Analysis of How Patients were Carried

By Directly Provided Services.

(i) Accident and emergency calls	46,255	
(ii) Other removals	651,888	
		698,143

By Supplementary Services.

(i) British Red Cross—Home Ambulance and Civilian Invalid Transport	5,430	
(ii) Hospital car service	93,401	
(iii) Railways	642	
(iv) Hired cars and coaches	32	
(v) Mental cases transported by mental welfare officers	2,419	
(vi) Other Ambulance Authorities	118	
		102,042
		800,185

Mileage Analysis.

(i) By County Service vehicles	3,299,651	
(ii) British Red Cross and other Ambulance Authorities	52,970	
(iii) Hospital car service	941,502	
(iv) Hired cars	415	
(v) Mental cases transported by Mental Welfare officers	64,187	
		4,358,725

Cost of Supplementary Services

	£	s.	d.
Hospital Car Service	30,020	2	5
Hired Cars and Coaches	26	11	11
British Red Cross Society—Home Ambulance, Civilian Invalid Transport	2,359	10	4
Other Authorities	134	2	9
Railways	1,041	7	10
	£33,581	15	3

Establishment of Driver-Attendants.

Approved establishment of driver-attendants on 1st January, 1955	565
Actual strength on 1st January, 1955	545
Deficiency of	20
Approved establishment of driver-attendants on 31st December, 1955	565
Actual strength on 31st December, 1955	521
Deficiency of	44

Follow-up of Registered Blind and Partially Sighted Persons

TABLE 42

	Cause of disability.				
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Myopia.	Others.
(i) Number of cases registered during the year in respect of which para. 7(*c*) of Forms B.D.8 recommends:—					
(*a*) No treatment ..	48	27	1	16	242
(*b*) Treatment (medical, surgical or optical) ..	81	44	—	16	100
(ii) Number of cases at (i) (*b*) above which on follow-up action have received treatment	14	2	—	14	20
Treatment started, but not completed	1	37	—	1	60
Awaiting treatment ..	38	3	—	—	9
Refused treatment	23	1	—	1	4
Died or removed from County	5	1	—	—	7

Ophthalmia Neonatorum

TABLE 43

(i) Total number of cases notified during the year	173
(ii) Number of cases in which:—	
(*a*) Vision lost	—
(*b*) Vision impaired	—
(*c*) Treatment continuing at end of year	1

MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 22 OF THE NATIONAL HEALTH SERVICE ACT, 1946

9th February, 1955.

PART II, SECTION A (5), CLINICS, CENTRES, NURSERIES, &C., AND ANCILLARY SERVICES

add (iii) It is proposed to establish Audiology Units for the training of deaf infants between the ages of six months and two years.

4th May, 1955.

add (iv) The County Council will, in consultation with the appropriate Regional Hospital Boards and other services concerned (whether statutory or voluntary) make arrangements for the care of children suffering from cerebral palsy who have not attained the age of 5 years and who are not attending primary schools maintained by the Council as Local Education Authority.

MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946

10th June, 1955.

PART II, SECTION C—MENTAL HEALTH

add The County Council will, when appropriate, make incentive payments to mental defectives undergoing industrial training at any of the Council's Adult Industrial Training Centres.

7th June, 1955.

PART II, SECTION D—OTHER TYPES OF ILLNESS.

add (5) Problem Families. The County Council will make arrangements either directly or through appropriate bodies or organisations to assist in the prevention of break-up of families or their rehabilitation.

REPORT OF THE JOINT AREA MEDICAL OFFICER (EDMONTON), AREA NO. 1, DR. D. REGAN

Section 28. National Health Service Act

EDMONTON FOOT CLINIC

In 1938 the Edmonton Borough Council was alive to the problems created by foot diseases and defects, and the fact that neglect could often lead to permanent disablement or restriction of activities. This fact was appreciated as particularly disastrous in the case of old people who could remain active and usefully employed for so much longer if regular attention could be given to their feet. The Council, therefore, approved of the establishment of a municipal foot clinic, but unfortunately the outbreak of war caused the scheme to be temporarily abandoned.

The project was, however, started immediately stable conditions made the venture possible, and in November 1946 a foot clinic was opened in Weir Hall Clinic. To encourage old age pensioners to appreciate the value of chiropody treatment, reduced fees were fixed for them on production of their pension books. The Clinic was an immediate success and had to be extended very quickly.

In July 1948 it was passed to the control of the Middlesex County Council under Section 28 of the National Health Service Act, and since, its history has been one of steady progress, success, and appreciation from the public.

In 1955, with the opening of clinics in the converted day nursery premises at Silver Street and Hertford Road, it was possible to spread the sessions more evenly over the district by transferring some sessions from Weir Hall Clinic. There is now a total of 14 sessions held every week, but this is still not enough to meet the demands.

It was soon realised that many of the defects found were related to errors made in the early life of the individual which were not recognised or left unattended.

Apart from deformities, due to faulty nutrition, there were many due to unsuitable footwear used during early life. It was not always appreciated that a tight sock could be more harmful on a baby's foot than a tight shoe. Anything which restricted the free movement of the feet in the developing child must prove harmful eventually to the adult. All shoes and socks should have sufficient room and be flexible in order to encourage natural foot movements and proper walking. A lacing shoe was best because it could be adjusted—straps were not so good for the heavy child.

With the toddler age and older child, there should be close association between the chiropodist and the orthopaedic surgeon. This was very necessary not only for the early detection of serious deformities, but also to prevent too much attention being paid to wrong things in the development of children's feet. Efforts were now being made by the doctors, health visitors and chiropodists to bring about prevention so far as possible.

At the Edmonton Clinic patients receive not only ordinary chiropody treatment, such as attention to nails, corns and general care, but also infra-red treatment, &c. It was also part of the service to advise with regard to pads, types of footwear and, in short, do everything possible to enable the patient to walk about in comfort and if possible prevent a recurrence of the defects.

The co-operation of a good shoe repairer and salesman with a knowledge of chiropody in the locality of the clinic was very necessary where patients requiring new shoes could be referred by the chiropodists.

A great deal of clinical time was devoted to the working man and woman as normally healthy and active people could be limited in their usefulness if they had painful feet. In this group some acute conditions have been treated such as injuries to nails, septic corns and strains of the plantar arch. There were a number of women between the ages of 35 and 65 years who suffered from some form of metatarsalgia, plantar corns, callosities and painful bunions. Amongst the men patients, treatment was given for plantar corns which were very much fibrosed and adherent to the deep structures.

Hallux valgus and hallux rigidus could both be acutely painful but would subside and give very little pain if correct footwear was adopted and padding and strapping applied to rest the joint.

In many conditions, especially of painful first toe joints, plantar corns (which were neuro-vascular) painful corns on the fifth toe (particularly if there was sub-acute bursitis), it was found that some dressings were essential in the early stages.

With regard to the old people and chronic cases (*i.e.*, static deformities, rheumatic conditions and osteoarthritis) much pain was alleviated even though the condition was incurable.

Many of the old people with no actual foot deformities merely required nail cutting and one of the common conditions was onychogryphosis. They obtained great relief from treatment at the clinic.

The aim of the chiropody service was to relieve pain and discomfort, in order that the patients could carry out their ordinary duties with a certain degree of comfort. Where only palliative treatment could be given loose replaceable pads were used which the patients could remove and replace quite easily themselves and thus enjoy warm foot baths and the use of an analgesic cream ointment.

During 1955 a total of 1,006 patients made 3,377 attendances and of the total attendances 1,916 were made by old age pensioners.

Treatment was given in the following age groups:—

	Male	*Female.*
Up to 20 years	4	7
21–30 years	11	28
31–40 „	16	44
41–50 „	38	119
51–60 „	29	107
61–70 „	39	244
71–80 „	80	178
81–90 „	28	33
91–100 „	—	1

There is a great satisfaction in the knowledge that the chiropody clinic makes a very real contribution to the health and welfare of the patients who attend, and that the skill of the chiropodists is understood not only by the general public but by the doctors and nurses who come in contact with the clinic. This recognition is gratifying to these men and women who have in the face of difficulties upheld and maintained the highest professional standards.

There is always a waiting list of patients requiring treatment. Too much emphasis cannot be given to the importance of this service; the need for all members of the community to become " foot conscious " at an early age and for practical education to be given on this subject.

EXTRACTS FROM THE REPORT OF THE AREA MEDICAL OFFICER, DR. G. HAMILTON HOGBEN, HEALTH AREA NO. 3

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

Ante-natal Clinics.—The only change made in clinic sessions during the year was a reduction at The Chestnuts Centre from five to four sessions a week owing to a fall in demand. As a consequence there was a fractional increase in the average attendance throughout the Area to 15·7 per session. The total number of new patients who attended ante-natal clinics during the year was 2,003, which is the lowest for many years.

Midwives Ante-natal Clinics.—This service suffered during the year owing to the shortage of midwives in Hornsey. An appointment has now been made and the position restored.

Maternity Services in the Tottenham Clinics.—Miss Esther Rickards, M.S., F.R.C.S., Consultant for many years in Tottenham, reports as follows:—

" The services emanating from the clinics have a threefold purpose: (1) they supervise the health of the mothers, (2) they co-ordinate the treatment they need and (3) they educate the mothers in the Art of Living. As a supervising service it is our aim to work in close co-operation with the general practitioners, with the midwives of the district and with the hospitals.

We like the mothers to come to the clinics as soon as they realise they are pregnant. Then a general medical overhaul is undertaken, the blood is grouped (unless the patient is going into hospital), the haemoglobin is estimated and the chest is X-rayed. Consideration is given at the first visit on the choice of a home confinement or a hospital booking; and the earlier a patient comes the less disappointment there is in providing the booking of choice. General advice is given on personal health and hygiene, on diets and on clothing. The National Health Service Act can be used for the prevention of ailments in this way; for instance, the early signs of varicose veins can be found and the disorder arrested by ordering the splendid two-way stretch elastic stockings now within every mother's reach and so a major disability can be prevented. Similarly minor troubles can be recognised and treated. By frank discussion on fears and doubts the dread and apprehension of many an inexperienced patient can be eased or removed and knowledge can be spread.

Though the clinics are busy, time must always be found to explain various instructions or changes that worry the mothers, but it is here that the health visitors do such excellent work. They carry on the same advice in the clinics, in the home and above all in the Mothercraft Classes they run so efficiently. There they deal in greater details with all these matters and in this way the educational work is blended with the supervisory. At these talks all the changes occurring in motherhood are explained and the development of the

baby outlined. This is followed by demonstrations such as baby bathing and the taking of "Gas and Air" during home confinement. They are taught exercises and how to relax completely and are instructed how to use these methods when labour starts. In this way they are, in most cases, assisted in securing an easy, natural confinement. This has been going on many years in Tottenham and the service is there for every woman to use and enjoy. When one reads of a great foreign power lauding such methods we should not forget that we have been practising them in our midst for years.

The co-ordinating work of the clinics is vital. If we find a patient ailing in any way it is our general rule to refer to their own doctors for care and treatment. If a patient is booked for hospital and an abnormality arises, again she is immediately put in touch with the hospital consultants. Also if a patient is booked for a home confinement and any abnormality develops which might bring a hazard to normal delivery at home, she is referred to hospital forthwith.

We encourage patients to return to our clinics after delivery; first with the new baby and then for her post-natal examination. Many minor ailments are found in that way and are put right.

We also like mothers to return to the Mothercraft classes and tell the other patients about their confinements. This we find gives the mothers confidence and makes a more natural performance of delivery. As one young mother said to me when she had had her first baby—a son weighing 8 lbs.—"I breathed deeply as I had learnt in the class and relaxed completely. It was all over in 20 minutes—there's nothing to it, Doctor". Well, that may have been an extra easy case but it was by no means isolated and it shows what knowledge, instruction and the removal of fear can do.

This service is available to every mother of the Area and no one should be denied all the help and encouragement the clinic can give.

Our aim is easy, natural childbirth, fine babies and happy, healthy mothers."

Health Teaching.—Groups for relaxation exercises and mothercraft are held at special sessions at all except two maternity and child welfare clinics. The groups are intentionally small so that they are informal and in order that health visitors who give the instruction and demonstrations and lead discussion can give individual attention to members of each group.

A film strip projector and film strips were purchased to give greater variety to the methods used. This additional visual aid has promoted considerable interest amongst the mothers attending the centres.

The value of relaxation exercises for expectant mothers has been generally accepted as being of considerable help to the mother during her delivery if they have been practised during the ante-natal period. That the mothers themselves both appreciate the teaching of relaxation and benefit from it is disclosed by the large number of mothers who have orally expressed their gratitude and recognition of the benefit that these classes have given to them. Many, too, have written to health visitors in similar terms. An extract from one of these illustrates these points:—"Now that the great event is over I should very much like to tell you how helpful I found the Relaxation Classes. Comparing this confinement with my first I find there is no real comparison, because this one was so simple and the other so awful. The difference, I believe, was largely due to the knowledge you gave us and to the exercises."

These classes are available to all expectant mothers including those who are in receipt of ante-natal care by hospitals and family doctors.

Child Welfare Clinics.—The forecast made in last year's report that the reduction in the number of attendances at these clinics would continue is borne out by the fall in the average attendance per session during 1955. Nevertheless the proportion of children under one year of age who attended for the first time during the year showed a slight improvement.

The slight reduction in the attendance at the welfare clinics is due to the improvement in child health generally. Parents have more knowledge about child management and grandparents have themselves attended welfare centres. Children are not the constant anxiety that they used to be, when rickets, anaemia and infectious fevers were a menace.

Most women's journals carry a well written and well informed article on " Baby," his diet, clothing and management, which helps the young mother, and so it is, that a rare visit to the centre is enough to keep the mother confident about her methods of managing the child.

Toddlers' Clinics.—The value of these clinics in supervising the health and well-being of children between the ages of two and five years, has not diminished since they were inaugurated in part of this Area in 1938.

For these clinics an appointment is sent to the parent every six months after the age of two years. The children who are brought to the clinic are in good health usually. An opportunity is afforded for the early detection of defects such as squint, stammer and dental caries. The children are referred to the appropriate clinics for the correction of such defects, which are treated much more quickly in the early stages, thus saving the loss of a great deal of school time. Some children may have had a set-back due to illness, or the birth of a baby brother or sister, and are therefore suffering from anxiety. There is an improvement in knowledge of how to help these children over their difficulties. This knowledge has been acquired through discussions with the doctor and health visitor at the clinic sessions and is followed up by a visit in the home by the health visitor. If the anxiety is too great and the child is not getting well, then the parent is referred to the child guidance clinic.

In addition regular medical examination in day nurseries provides a close supervision of this age group. A considerable number of children are sent to school between the ages of four and five years and medical record cards are forwarded to the Child Health Section to ensure continuity of medical supervision.

Parent Guidance in the Welfare Clinics.—It has been felt for some time now that there is too big a gap between the Child Guidance and Infant Welfare Centres. In order to overcome this, Dr. Phillips, the visiting psychiatrist dealing mainly with school children, was asked to work with medical officers at infant welfare clinics, and help them to advise mothers of children under five years of age.

It is generally understood that the approach of the " doctor " in the welfare clinic to problems of the mother is direct and authoritative. The mother brings her problem and the doctor supplies an answer on the spot. This is not the approach of the psychiatrist. He listens to the mother and tries to get her to solve her difficulties for herself.

This method may be quite new to the " doctor " trained in preventive medicine and be very difficult to apply. It is also very time-consuming, consequently fewer children are seen and results difficult to gauge.

If we could recognise at an early stage the problem of behaviour which the children are not going " to grow out of ", then we could concentrate on those parents who are unconsciously making their children into problems. But it will be only with the help of the skilled psychiatrist that we can begin to deal with this.

Play Group in Park Lane Day Nursery.—As an ancillary to helping the disturbed parent and child, we have begun a play group at the Park Lane Day Nursery. Seven children have been referred for behaviour problems.

The person in charge of this small group needs special qualifications and experience in handling such children and especially the parents.

Daily Guardian Scheme.—The number of children minded by the day under this scheme has fallen slightly during the year. Those minded by this method are children under school age (whose mothers are working) who do not qualify for admission to a day nursery and for whom other satisfactory arrangements for minding cannot be made.

The success of the scheme depends on the satisfactory selection of women who are prepared to undertake daily minding and keep the rules, the placing of a child in a home of a type similar to its own and one that is within reasonable distance of the child's home or the mother's workplace. The approval before and subsequent supervision of the child after placing is undertaken by the health visitor for the district on which the guardian resides.

The number of guardians on the register at the end of 1955 was 114, of whom 62 were minding 70 children.

The number of individual children minded during the year was 163 and they were in the guardians' care for 19,514 days.

Day Nurseries.—The average daily attendance at the three nurseries was 121·8 and the number of children on the register at the end of the year was 150.

The standards of nursery care are very good indeed and there has been very little absence resulting from infectious disease.

Two students entered for the examination of the Nursery Nurses Examination Board and both were successful.

Distribution of Welfare Foods.—This work, which was taken over from the Ministry of Food in June, 1954, continued throughout the whole of 1955. Very few complaints were received from beneficiaries concerning the quality of the welfare foods and each was referred to the Ministry of Health who investigated and subsequently reported the result of analysis to the complainant and this Department. The Women's Voluntary Service continued to give valuable assistance in both Boroughs by undertaking distribution from the homes of some of their members for the convenience of the public.

The following table shows distributions in the Area during the year:—

National Dried Milk (tins).	Orange Juice (bottles).	Cod Liver Oil (bottles).	Vitamin A and D tabs. (packets).
61975	154596	25560	10564

Priority Dental Service for Mothers and Young Children.—Taking into account the fall in the number of expectant mothers who attended ante-natal clinics during the year, the number examined by the dental officers is equivalent to a 2 per cent. increase over 1954.

MIDWIFERY SERVICE
(SECTION 23)

The work of the midwifery service has continued its downward trend during the past year. Although the number of cases booked for 1956 appears to be showing a slight increase, it is too early at this stage to predict any appreciable rise.

The number of midwives practising in the Area has been reduced to eight, six working in Tottenham and two in Hornsey.

The number of deliveries conducted by County Council midwives was 421, an average of 52·6 although the number of deliveries for each midwife was considerably higher, as owing to prolonged sickness of one midwife, and delay in filling a vacancy, only six midwives were working for the greater part of the year.

The pupil midwives from the Alexandra Maternity Home have continued to receive their district training in the Area and a high standard of midwifery has been maintained.

Every midwife, whether or not employed by the County Council, has attended an actual demonstration on the use of trichloroethylene. One such apparatus has been in use for the latter six months of the year and has been used with success. It is too early to forecast whether or not this machine will be issued to every midwife.

An apparatus designed for the resuscitation of the new born has been purchased with a view to its experimental use by means of introducing oxygen into the infant's stomach.

Nitrous oxide and air analgesia was used in 80 per cent. of cases and pethidine is now used generally for district midwifery.

It will be gathered from the above paragraphs that more responsibility is being placed upon the midwife and a great deal of judgment is called for in the safe handling of modern methods of analgesia.

The importance of refresher courses increases with the introduction of new methods and new drugs. Two midwives from this Area attended one week's residential refresher course in 1955. The courses are approved by the Central Midwives' Board.

HEALTH VISITING SERVICE
(SECTION 24)

The growth and development of health visiting is unfortunately restricted in this Area as elsewhere by the limited number of qualified women available.

In Hornsey and Tottenham the number of health visitors is well below the establishment and in order to keep the school health services operating satisfactorily, clinic nurses are employed, mainly to relieve health visitors of this part of their work. The assistance which is given to health visitors by this means is limited to clinical aid and does not relieve them of the preventive and sociological part of their work.

New entrants to the profession barely make up the normal wastage occasioned by retirement or resignation and at the same time the growing range of health visiting places a heavier load on each health visitor. On this account old standards of health visitor establishment should be discarded and an increase made in the ratio of health visitors to the population if the requirements of the service are to be met. This may entail improved conditions for the profession if a serious attempt at recruitment is envisaged. The number of home visits to children in the 0–1 year age group has increased slightly during the year; there has been a small fall in the number of visits to expectant mothers and children in the 1–5 years age group and children of school age. An increase is also shown in the number of visits to homes for other purposes. This is accounted for by a larger percentage of visits to the aged and by follow-up B.C.G. visits. The total number of visits to homes for all purposes shows a slight rise.

Health Visitors, Family Doctors, Hospitals and Voluntary Organisations.—An informal meeting of health visitors and general practitioners was held in Hornsey on 27th October, 1955. The response to the invitation was very good indeed; 29 local general medical practitioners attended as well as ten health visitors and several members of the Area medical staff.

During the year follow-up of cases reported by family doctors has enabled health visitors to visit a number of patients and deal with their particular problems.

Team work with hospital almoners and ward sisters has been excellent. 126 health visitors reports have been sent to hospitals at the request of almoners during the year and 167 to other bodies, excluding 433 B.C.G. follow-up reports for the Medical Research Council.

Co-operation and assistance from statutory and voluntary organisations have been of considerable value to health visitors in their work. We should like to mention the Children's and Social Welfare Departments, the local offices of the National Assistance Board, the N.S.P.C.C., I.C.A.A., W.V.S., Old People's Welfare and Diocesan Moral Welfare.

Clinic voluntary workers in the Hornsey part of the Area have given regular, reliable and very valuable services in infant welfare clinics and in managing the sale and distribution of welfare foods.

Health Education and Parentcraft.—Apart from home visiting for such purposes as advice to expectant mothers, infant care and feeding, follow-up for hospital admissions and discharges, family doctors' cases, clinic attenders, special surveys including the recent one for the Ministry of Health on National Dried Milk, care of the aged, problem families, &c., when educational advice is given, health education is a continuous process for health visitors wherever their duties take them.

During the past few years a special feature of health education has been the talks on home making and parentcraft to school children especially during their last year at school. This year all the secondary modern girls' schools except one have received this type of instruction from a school health visitor who spends the major part of term time on this work. In Tottenham health visitors undertake this important task in schools. In all 348 talks, films and demonstrations of one hour each have been given in schools.

Training of Health Visitor Students.—Thirteen student health visitors received practical training for varying periods in the Area during the year. Eight of these were taking their training under the auspices of the Royal College of Nursing, one at Battersea Polytechnic and four through the County Council "Sponsored Scheme". The latter commenced their training in September and will remain in the Area for three terms.

Student Nurses.—Four student nurses from the Middlesex Hospital, W.1, came to the Area to see the work of health visitors and stayed for three days each. On the Saturday following their visit a discussion group was held in the hospital at which student nurses gave a report on their experience and asked questions of the Superintendent Health Visitor who was invited to be present.

Thirteen student nurses including one man from the Prince of Wales's Hospital also accompanied health visitors for one day each for a similar purpose as observers.

Student Nurses Lectures.—Eight lectures were given to three groups of students by the Superintendent Health Visitor on the Social Aspects of Disease at the Prince of Wales's Hospital. The Superintendent and other members of the health visiting staff gave lectures on Home Nursing and The Health Services to a number of organisations including St. John Ambulance Brigade, The Townswomen's Guild, Barnardo's and British Red Cross in their own time and in some cases acted as examiners.

Overseas and Other Visitors.—Several visitors from overseas including the Reeve of Tottenham, Canada, and a number of groups of post-graduate and other students came to Tottenham and Hornsey during the year to observe the work of the personal health services and in particular the activities of health visitor/school nurses.

The groups included health visitors, student ward sisters, student teachers, student house mothers from Barnardo's Homes, school children and members of The Townswomen's Guild.

Family Planning Association.—Two evening sessions each week were held in the Clinic at the rear of Hornsey Town Hall.

National Blood Transfusion Service.—Premises at the School Clinic, rear of Hornsey Town Hall, were made available for the above-named organisation for six days during the year.

HOME NURSING SERVICE

(SECTION 25)

The past year has been an extremely busy one for the home nurses. The service has operated smoothly from the Area Health Office, all messages being received there during office hours and the Superintendent's home at all other times as in previous years.

A combination of pressure of work, increased holiday periods and a high incidence of sickness amongst the staff have added difficulties to the administration of this service during 1955.

Provision of Hospital Beds.—The provision of hospital beds for the aged sick has seemed more readily available this year and less difficulty has been encountered in getting the aged and ill patients, particularly those who live alone, into hospital. This was a very pressing problem in 1953 and 1954.

Nevertheless the requests for care of the aged continue to form a large portion of each nurse's daily work.

Injection of Drugs.—Injection of drugs continues to form an ever-increasing part of the work of the service and it is necessary for the home nurse to have a very up to date knowledge of modern drugs. Requests are frequently made for twice daily visits and late night visits for relief of pain interfere considerably with the planning of each day's work.

Nursing of sick Children at Home.—An analysis of work done for children at home showed that the greatest part consisted of administering drugs (mainly penicillin), very often in the early stages of illness. Relief of constipation and the occasional nursing of measles or whooping cough form the rest of the work. In the latter condition nurse is usually called in because the mother has a large family or may for some reason be unable to nurse the child satisfactorily. A good deal of teaching of mothers is carried out for the application of poultices and minor treatments.

Co-operation with Other Services.—As before, the nurses have worked closely with general practitioners, health visitors and home helps, and the exchange of information between these bodies is very valuable to all concerned.

The British Red Cross Society and the Old People's Welfare Committees have also given the service every assistance. The Ambulance Service is always very ready to help and on two particular occasions, when the nurse was in difficulty with heavy and unconscious patients, they arrived within a few minutes of the request to help carry one patient upstairs and one was lifted from the floor. These two unusual requests were met unhesitatingly.

Transport.—Lack of transport other than bicycles still causes much delay. A puncture requires the whole of the nurse's work to be re-arranged. A great deal of time is lost in travelling and much discomfort endured by the nurses in wet and cold weather. In 1955 12,000 more visits were paid than in 1954.

VACCINATION AND IMMUNISATION

(SECTION 26)

Vaccination.—The percentage of children under one year of age vaccinated in 1955 was 54·5 per cent. This is the best it has ever been and justifies the efforts of the medical and nursing staff in emphasising to parents the importance of vaccination and in offering vaccination in the clinics.

Immunisation against Diphtheria and Whooping Cough.—In spite of continual efforts to secure the immunisation of at least 75 per cent. of babies in the Area before their first birthday, it has not yet proved possible to achieve this target. In fact there was a slight recession last year to 57·8 per cent. and in order to counteract this fall an intensive publicity campaign has been arranged in both Boroughs to take place in February and March, 1956.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(SECTION 28)

Recuperative Holidays.—The Area Health staff continued to be responsible for dealing with applications for recuperative holidays and during 1955, 235 applications were received compared with 279 the previous year. Of these, 188 were approved, 41 were not approved and six were withdrawn before action could be taken.

DOMESTIC HELP SERVICE
(SECTION 29)

The total number of cases provided with home help during the year was 1,623. This shows an increase from 1,499 during 1954. This increase occurred in spite of a slight fall in new cases which were 67 less than 1954. By far the greatest provision of help is to the chronic sick, who include the aged and infirm. Once service is provided to these patients it has very often to be continued over a long period, generally until the patient dies or is admitted to hospital, and it is this factor which is causing the total number of cases receiving service to rise. In short, the cases are not ceasing at as high a rate as they are commencing. At the end of the year there were approximately 170 cases who had been receiving help for more than three years.

The policy of the department is to provide at least a little amount of help to all needy cases and it will be appreciated that the task of providing help, week by week to nearly 900 cases calls for careful planning particularly taking into account absences of staff owing to sickness in the winter and holidays during the summer months.

It should be stated that as each new case is visited by the organising staff, enquiries are made to establish whether the necessary help can be provided by any other means, *e.g.*, by adult children or other relatives, but it has become increasingly evident that many married daughters who would in the past have been able to help their aged parents are themselves going out to work and are unable to assist.

INSPECTION OF CHILDREN'S HOMES

An important part of the work of the assistant medical officers is the visiting of the several children's homes in the Area. These homes are organised by the County Council for children in their care. There are six such homes in Tottenham and Hornsey, five mixed with a total of 23 boys and 26 girls, and one other home for 18 boys. The homes are staffed by house-mothers with the exception of the home for boys only which has both a full-time house-mother and house-father. Each child is registered with a local general medical practitioner just as are children in their own homes. The assistant medical officers visit monthly, to supervise the children's general progress and to report on conditions generally at the home.

REPORT OF THE JOINT AREA MEDICAL OFFICER (EALING), AREA NO. 7, DR. W. G. BOOTH

HOME NURSING—EALING—1955

Home Nursing is a difficult subject to review in a series of statistical tables. Nursing is a professional service of a purely personal character which cannot readily be reduced to a formula of figures. Nevertheless it is essential to have available all the information that can be obtained. The only way to administer a steadily expanding service, such as home nursing, is to study all the relevant, and even the seemingly irrelevant, available facts.

The first consideration in preparing such statistics is to decide whether " cases " or " visits " shall be the standard by which to make comparisons. The difficulty with regard to " cases " is that there are such wide differences between individual cases. One " case ", perhaps of diabetes or of disseminated sclerosis, may need a daily visit for several years. Another " case " may need one visit only despite the fact that he is suffering from one of the conditions just mentioned. In 1955, one patient had as many as 587 visits during that year alone and this emphasizes the difficulty of making realistic comparisons on the basis of numbers of cases suffering from particular conditions.

Statistics based upon " visits " would seem to offer a more reliable basis for making comparisons. A " visit ", however, may be for the purpose of simply giving an injection, taking a bare ten minutes, or the " visit " may be made to give general nursing care to a very ill person, taking best part of an hour and even requiring the presence of two nurses.

All these factors need to be borne in mind, therefore, when considering the statistics now presented regarding home nursing within the Ealing portion of Area 7 during the three years, 1953, 1954 and 1955. Perhaps their greatest value lies in the general impression they give of the trend in the nursing services provided for a population of about 185,000.

Table A gives a general summary of the work during the three years. This table shows that the number of new cases referred for home nursing fell from 4,747 to 3,763 and then to 3,595. Despite this fall in cases, the total visits in each of the three years has remained almost identical, 87,076, 87,159 and 87,613.

A reason for this decline in the number of new cases is easy to find. There has been a very great reduction in the number of cases to which a nurse is called to give injections of penicillin. This is clearly shown by the following figures:—

	1953	1954	1955
Penicillin cases	2,529	1,724	1,528
All other cases	2,218	2,041	2,067

Whether the reduction in the number of cases for which penicillin is prescribed is due to there having been a lessened incidence of the conditions concerned, or whether it is due to medical practitioners adopting new forms of treatment which do not require the attendance of a nurse, is not known. The statistics can only show the work which is performed. It is known, however, that it is now possible to give penicillin orally. Whether there will be a widespread use of penicillin given orally cannot be foreseen. A complete change-over from injections to oral administration of penicillin might reduce by 50 per cent. the cases referred to the nurses but there would not be a corresponding reduction in their work. In Table C are given details of the total visits made to give the various forms of treatment. It shows that the total visits to give penicillin injections amounted to only 9,950, or 11·4 per cent., of all visits. In addition, these visits are among those taking up the least amount of time per visit.

Table B gives the sex, age-grouping and forms of treatment given to the 3,595 new cases in 1955. Table C gives for each of the three years 1953 to 1955 the numbers of new cases of the various conditions treated and the various forms of treatment provided. In addition, Table C gives details of the cases

remaining on the register at the end of 1955 which provides a general picture of the numbers of the various conditions under treatment at any particular time, and finally shows the total visits made during that year.

Table C reveals great reductions in the numbers of cases coming under certain headings, examples being as follows:—

	1953	1954	1955
Bronchitis	730	412	429
Diseases of ear	290	130	109
Pneumonia	263	180	132
Tuberculosis	175	126	90

The first three of these conditions are among those for which injections of penicillin figure as the main form of treatment. Tuberculosis, however, does not come within the same category and, as this is a notifiable disease, some further research has been made to ascertain the cause of the reduction. Notifications of tuberculosis have shown a reduction, but not to the same extent as the number of cases referred for home nursing. Notifications in 1953 were 225, in 1954 they were 149 and in 1955 they were 142. The reduction in the number of cases requiring home treatment can be accounted for partly by the reduction in notified cases, partly by the recent introduction of specific drugs, P.A.S. and Izoniazid which can be taken by mouth and which are to some extent replacing streptomycin which needs to be given by injection, and partly to the fact that patients are now able to be admitted to hospital almost at once and require no pre-hospital treatment.

The major portion of the nurses' time is spent among old people. This is shown, conclusively, by the following figures:—

	1953	1954	1955
Number of new cases 65 years and over	1,588	1,375	1,396
Percentage of total new cases	33·4	36·6	38·8
Total visits to cases 65 years and over	48,553	51,486	53,361
Percentage of total visits ..	55·8	59·1	61·0

In Table C is shown the nature of the 754 cases remaining on the books at 31st December, 1955. Of this total, as many as 507, or 67·2 per cent., were 65 years of age or over. Most of the visits to give general nursing care are made to these elderly patients and these visits necessarily take longer than visits for injections, a factor which emphasizes the contention that the care of the aged at home has become the home nurses' main function.

The home nursing service may, in fact, be regarded as serving two main functions. The first is to relieve the demand for the accommodation of old people in hospital by nursing many such cases in their own homes. The second is by the home nurses complementing the local medical practitioner service by carrying out nursing services at home under the direction of the family doctor. Other lesser functions which the nurses perform are (1) providing home treatment for cases of tuberculosis and (2) dealing with cases referred by hospitals, some in preparation for X-ray investigations and others for the purpose of continuing post-operative or other specific care.

The provision of hospital accommodation is certainly far more expensive to the State than the provision of facilities to provide nursing care at home.

A recent report on hospital accommodation showed the cost per patient to range between £16 and £19 per week. The latest costing return regarding the home nursing service in Area 7, shows the average cost per visit to be 4*s*. A daily visit by a nurse would, on this basis, cost £1 8*s*. per week. Added to this might be the cost of providing a home help, also through the county health service, for, say, 15 hours during the week. The home help service costs 3*s*. 6*d*. per hour, so this would add £2 12*s*. 6*d*. per week to the cost of the nurse, a total of £4 0*s*. 6*d*. Medicines or dressings, whether prescribed for use at home or in hospital, presumably cost much the same—the chemists' charge on the one hand will be balanced by the hospital dispensary cost on the other.

These figures regarding the cost of the respective services are not included with a view to criticising one service as against the other. They are intended to show that the home nursing service is performing a most valuable service for the community at a relatively small cost.

When the compilation of special statistics regarding home nursing was commenced some years ago, the intention was that they should be of a purely experimental nature. Each year some different aspect of the work has been investigated. This year special attention has been directed to answering the question " Who makes use of the Home Nursing Service? "

Table A shows that 83·1 per cent. were referred by medical practitioners, 14·6 per cent. by hospitals and 2·3 per cent. came from other sources.

Further research has been made to show whether the medical practitioners make a uniform demand on the service, or whether there is any noteworthy feature to be derived from a knowledge of the numbers and types of cases referred by individual doctors.

The numbers of new cases referred during 1955 by the medical practitioners resident in the Borough of Ealing are shown in Table D. Five doctors each referred over 100 cases, the greatest number by any one doctor being 301. Five doctors referred no cases at all, although this may have been due to their having a private residence in Ealing but practising mainly from a surgery outside the district. Table D also shows the treatments required by the cases referred by the seventeen doctors who referred over 50 cases in the year. It is difficult to compare the numbers of cases referred by individual doctors as the potential use that each may make of the home nursing service is probably determined by the size of his practice—particularly his national health service panel—information which is not available. One fact, however, which is clearly revealed is that the position which many of the doctors hold in the list depends entirely on the number of cases referred for penicillin injections.

Conclusions.—The conclusions arrived at may be briefly summarized as follows. In the three years 1953 to 1955 there has been a reduction in the total cases referred for home nursing due to fewer cases requiring injections of penicillin. The total visits made by the nurses has, however, remained unchanged owing to there being a higher percentage of cases in the age group 65 years and over, which tend to require attention over long periods. The cost of providing a home nurse and a home help for a typical patient is estimated at £4 per week, compared with a cost of £16 to £19 per week for accommodation in hospital. There are great disparities in the use made of the service by individual medical practitioners, dependent mainly on the propensity of certain doctors to prescribe penicillin by injections.

APPENDIX "A"

HOME NURSING STATISTICS—EALING—1955

SUMMARY

	1953 Number.	%	1954 Number.	%	1955 Number.	%
TOTAL VISITS	87,076		87,159		87,613	
NEW CASES:—						
March Quarter	1,745	36·8	1,230	32·7	1,209	33·6
June Quarter	1,059	22·3	828	22·0	794	22·1
September Quarter	814	17·1	744	19·7	694	19·3
December Quarter	1,129	23·8	961	25·6	898	25·0
Total	4,747	100·0	3,763	100·0	3,595	100·0
CASES BROUGHT FORWARD FROM PREVIOUS YEAR	522		649		686	
TOTAL CASES DEALT WITH	5,269		4,412		4,281	
CASES HAVING 25 OR MORE VISITS IN THE YEAR	653		830		833	
AGE GROUPING (NEW CASES):—						
0–4	340	7·2	161	4·3	131	3·7
5–15	564	11·9	295	7·8	248	6·9
16–64	2,255	47·5	1,932	51·3	1,820	50·6
65 and over	1,588	33·4	1,375	36·6	1,396	38·8
Total	4,747	100·0	3,763	100·0	3,595	100·0
NATURE OF TREATMENT REQUIRED (NEW CASES):—						
General care	519	10·9	514	13·7	463	12·9
Dressings	227	4·6	224	6·0	249	6·9
Blanket baths	69	1·4	73	1·9	73	2·0
Enemas	387	8·2	403	10·7	441	12·3
Penicillin injections	2,529	53·3	1,724	45·8	1,528	42·5
Other injections	724	15·2	694	18·4	670	18·6
Other treatments	292	6·2	131	3·5	171	4·8
Total	4,747	100·0	3,763	100·0	3,595	100·0
CASES REFERRED BY:—						
Medical practitioners	Not available		Not available		2,986	83·1
Hospitals					525	14·6
Other sources					84	2·3
Total					3,595	100·0

CONDITION.	TOTAL CASES 1955.	SEX.		AGE GROUPING.				TREATMENT GIVEN. A. General nursing. B. Dressing. C. Blanket bath. D. Enema. E. Injections—penicillin. F. Injections—streptomycin. G. Injections—diuretics. H. Injections—insulin. I. Other injections. J. Other treatments.									
		M.	F.	0 – 4	5 — 15	16 — 64	65	A	B	C	D	E	F	G	H	I	J
Tuberculosis	90	52	38	—	—	83	7	1	3	—	—	4	80	—	—	—	2
Infectious diseases	49	28	21	2	8	24	15	1	2	—	—	25	—	—	—	19	2
Threadworms	7	3	4	1	4	2	—	—	—	—	7	—	—	—	—	—	—
New growths	101	42	59	—	—	51	50	57	13	2	6	2	1	1	—	16	3
Diabetes	50	8	42	—	—	21	29	—	—	—	—	—	—	—	50	—	—
Diseases of blood	69	17	52	—	—	23	46	3	—	—	—	—	—	—	—	66	—
Vascular lesions affecting central nervous system	86	25	61	—	—	13	73	76	—	9	—	1	—	—	—	—	—
Other mental and nervous diseases	45	11	34	—	—	30	15	15	—	3	—	—	—	—	—	27	—
Diseases of ear	109	59	50	21	46	39	3	—	1	—	—	107	—	—	—	—	1
Diseases of circulatory system	406	160	246	—	1	132	273	64	8	5	—	13	2	303	—	9	2
Diseases of veins	21	8	13	—	—	7	14	—	18	—	—	2	—	—	—	1	—
Upper respiratory infections	253	108	145	12	45	192	4	—	—	—	—	251	2	—	—	—	—
Influenza	51	23	28	5	9	34	3	3	—	—	—	48	—	—	—	—	—
Pneumonia—all forms	132	61	71	4	12	72	44	16	—	—	—	115	—	—	—	1	—
Bronchitis	429	199	230	24	20	198	187	39	—	1	—	386	1	2	—	—	—
Pleurisy	46	21	25	—	—	34	12	3	—	—	—	41	—	—	—	—	2
Other diseases of respiratory system	80	44	36	4	5	51	20	2	—	—	—	67	4	1	—	5	1
Diseases of digestive system	58	21	37	5	7	28	18	10	—	—	6	35	6	—	—	1	—
Constipation	276	103	173	13	21	120	122	1	—	—	275	—	—	—	—	—	—
Diseases of genito-urinary system	71	16	55	2	5	49	15	5	1	—	—	34	3	—	—	4	24
Prolapse of uterus	78	—	78	—	—	33	45	—	—	—	—	2	—	—	—	—	76
Infections of skin and subcutaneous tissue	340	134	206	6	29	237	68	4	46	—	—	277	2	1	—	7	3
Other diseases of skin	4	1	3	—	—	1	3	—	3	—	—	—	—	—	—	1	—
Diseases of muscles, bones and joints	85	19	66	—	—	35	50	24	2	18	—	6	—	—	1	30	4
Senility	133	44	89	—	—	—	133	103	1	25	—	—	—	—	—	3	1
Injury	57	20	37	1	8	18	30	15	25	7	—	6	1	—	—	1	2
Preparation for X-ray	124	56	68	1	1	85	37	—	—	—	124	—	—	—	—	—	—
Post-operative care	174	79	95	6	2	99	67	11	119	1	14	5	—	—	—	5	19
Others	119	39	80	24	25	57	13	7	2	2	8	67	2	1	—	4	26
Diseases associated with pregnancy	52	—	52	—	—	52	—	3	5	—	1	34	1	—	—	5	3
TOTALS	3,595	1,401	2,194	131	248	1,820	1,396	463	249	73	441	1,528	105	309	51	205	171

Home Nursing—Ealing—1955 Appendix "C"

Conditions Treated.	New cases			Cases on register 31st Dec., 1955.	Cases visited in 1955.	
	1953.	1954.	1955.		Total cases.	Total visits.
Tuberculosis	175	126	90	33	115	4,447
Infectious diseases	61	42	49	3	52	424
Threadworms	36	11	7	—	8	15
New growths	132	135	101	12	115	3,220
Diabetes	87	59	50	37	93	12,280
Diseases of blood	63	50	69	67	126	3,249
Vascular lesions affecting central nervous system	111	130	86	37	126	5,583
Other mental and nervous diseases	44	32	45	17	53	2,202
Diseases of ear	290	130	109	—	111	507
Diseases of circulatory system	372	408	406	228	615	21,198
Diseases of veins	61	68	21	11	27	861
Upper respiratory infections	326	277	253	7	261	1,403
Influenza	74	33	51	4	51	301
Pneumonia—all forms	263	180	132	1	141	1,275
Bronchitis	730	412	429	23	447	4,350
Pleurisy	60	42	46	—	47	328
Other diseases of respiratory system	50	75	80	6	86	1,045
Diseases of digestive system	74	48	58	4	65	659
Constipation	228	233	276	6	283	1,142
Diseases of genito-urinary system	144	77	71	4	76	925
Prolapse of uterus	109	42	78	82	117	434
Infections of skin and subcutaneous tissue	460	402	340	18	361	4,134
Other diseases of skin	20	9	4	2	9	201
Diseases of muscles, bones and joints	85	96	85	48	129	4,332
Senility	152	159	133	60	200	5,552
Injury	81	64	57	11	71	1,689
Preparation for X-ray	110	122	123	—	123	145
Post-operative care	102	125	175	25	191	3,892
Others	201	112	119	6	128	1,404
Diseases associated with pregnancy	46	64	52	2	54	416
Totals	4,747	3,763	3,595	754	4,281	87,613

Treatment Required	New cases.			Cases on register 31st Dec., 1955.	Cases visited in 1955.	
	1953.	1954.	1955.		Total cases.	Total visits.
A. General nursing	519	514	463	143	608	21,110
B. Dressing	227	224	249	47	292	8,232
C. Blanket bath	69	73	73	65	138	3,746
D. Enema	387	403	441	8	447	1,422
E. Injections—Penicillin	2,529	1,724	1,528	32	1,568	9,950
F. Injections—Streptomycin	167	120	105	32	133	4,145
G. Injections—Diuretics	263	323	309	206	460	17,952
H. Injections—Insulin	80	58	51	37	115	12,280
I. Other injections	194	187	205	92	298	6,882
J. Other treatments	292	131	171	92	222	1,894
Totals	4,747	3,763	3,595	754	4,281	87,613

APPENDIX "D"

HOME NURSING—EALING—1955

USE MADE OF SERVICE BY INDIVIDUAL MEDICAL PRACTITIONERS RESIDENT IN EALING

No. of cases referred in 1955	*No. of doctors*
Over 100	5
76–100	3
51– 75	9
26– 50	13
11– 25	30
1– 10	23
0	5
	88

DETAILS OF CASES REFERRED BY DOCTORS GIVING MORE THAN 50 CASES IN YEAR

TREATMENT GIVEN

A. General nursing.
B. Dressing.
C. Blanket bath.
D. Enema.
E. Injections—penicillin.
F. Injections—streptomycin.
G. Injections—diuretics.
H. Injections—insulin.
I. Other injections.
J. Other treatments.

Doctor.	Total cases in 1955.	A	B	C	D	E	F	G	H	I	J
1	301	12	5	—	8	250	4	8	1	9	4
2	132	10	5	—	23	59	5	10	—	5	15
3	128	4	4	1	5	105	1	3	1	4	—
4	126	10	2	2	5	83	3	16	—	—	5
5	108	13	3	2	5	70	—	3	1	11	—
6	96	14	8	—	10	28	—	3	1	27	5
7	92	4	2	1	1	73	5	3	—	1	2
8	83	1	—	—	1	76	1	2	—	2	—
9	72	9	3	1	6	44	1	4	—	2	2
10	72	13	2	1	11	32	3	5	—	—	5
11	71	10	2	3	7	36	—	9	—	3	1
12	70	12	2	3	5	28	1	17	—	2	—
13	59	5	1	2	11	29	2	7	1	1	—
14	57	5	3	1	4	30	—	3	1	7	3
15	56	2	—	—	2	52	—	—	—	—	—
16	54	5	6	—	9	29	1	2	—	1	1
17	51	7	1	1	13	11	1	5	3	9	—

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